DOCUMENT RESUME

ED 230 609 TM 830 431

AUTHOR Goldberg, Jo Ann
TITLE An Evaluation of the Employee Assistance Program in the Montgomery County Public School System.
INSTITUTION Montgomery County Public Schools, Rockville, Md. Dept. of Educational Accountability.
PUB DATE May 82
NOTE 98p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Adult Counseling; Case Studies; *Counseling Services; *County School Districts; Drug Abuse; *Employee Attitudes; *Employment Problems; Evaluation Methods; Family Problems; *Program Effectiveness; *Program Evaluation; Referral; Work Attitudes
IDENTIFIERS *Employee Assistance Programs; Montgomery County Public Schools MD

ABSTRACT

The Montgomery County public school system presently provides assistance through the Employee Assistance Program (EAP) to troubled employees with problems which affect work performance. EAP's mandate is to provide crisis intervention, prereferral evaluation, information, referral, and follow-up services. From its inception to March, 1981, EAP provided services to 943 employees with the following types of problems: job-related problems, substance abuse problems, family problems, and others. The present study was initiated by the Employee Assistance Program to determine the program's impact upon employee clients and the supervisors who had referred employees to EAP. The study's major purposes were to determine: (1) To what extent did EAP enable troubled employees to function more effectively because of program intervention? (2) To what extent did EAP reduce time-consuming activities of supervisors and other personnel related to the problems of troubled employees? (3) To a limited extent, the study also examined selected aspects of EAP's organizational procedures, including intake and referral functions, confidentiality, and recordkeeping procedures. Telephone interviews were conducted with a sample of employees (n=80) representing 21 percent of the population that had used EAP services from the fall of 1979-1981. Findings, limitations and recommendations are discussed. (PN)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Montgomery County Public Schools
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ED230609

TM 830 431

MONTGOMERY COUNTY PUBLIC SCHOOLS ROCKVILLE, MARYLAND

An Evaluation of the Employee Assistance Program in the Montgomery County Public School System

MAY 1982

EDWARD ANDREWS
Superintendent of Schools

Prepared by the Department of Educational Accountability

AN EVALUATION OF THE EMPLOYEE ASSISTANCE PROGRAM IN THE MONTGOMERY COUNTY PUBLIC SCHOOL SYSTEM

Rockville, Maryland

April, 1982

Dr. Jo Ann Goldberg

Division of Instructional Evaluation and Testing

Joy A. Frechtling, Director

Department of Educational Accountability

Steven M. Frankel, Director

EXECUTIVE SUMMARY

AN EVALUATION OF THE EMPLOYEE ASSISTANCE PROGRAM
IN THE MONTGOMERY COUNTY PUBLIC SCHOOL SYSTEM
Rockville, Maryland

BACKGROUND

The Montgomery County public school system presently provides assistance through the Employee Assistance Program (EAP) to troubled employees with problems which affect work performance. EAP's mandate is to provide crisis intervention, prereferral evaluation, information, referral, and follow-up services. From its inception to March, 1981, EAP has provided services to 943 employees with the following types of problems: job-related problems, substance abuse problems, family problems, and others.

The present study was initiated by the Employee Assistance Program to determine the program's impact upon employee clients and the supervisors who had referred employees to EAP. The study's major purposes were to determine:

- To what extent did EAP enable troubled employees to function more effectively because of program intervention?
- To what extent did EAP reduce time-consuming activities of supervisors and other personnel related to the problems of troubled employees?
- To a limited extent, the study also examined selected aspects of EAP's organizational procedures. They included intake and referral functions, confidentiality, and recordkeeping procedures.

Telephone interviews were conducted with a sample of employees who had used EAP services from the fall of 1979 to fall of 1981. A total of 80 employees, or 21 percent of the 381 who had used the program during this time period, were interviewed. In addition, all of the 58 supervisors who had referred employees to EAP were interviewed concerning those employees. It is important to note, however, that the employees discussed in the supervisor interviews were not necessarily the ones surveyed in the employee study. While a matched sample would have provided a preferable design, it was not possible to provide such a match while maintaining confidentiality.

There are three important limitations in the study design and execution that must be kept in mind in interpreting the findings. First, and most important, this is a case study--an investigation of a single population. Employee and supervisor data on the effects of program intervention were not compared to data on other troubled employees who had not received EAP assistance. Thus, we do not know how employee behavior would have changed over time without program intervention. In addition, as this is the first study of EAP users, the study had no access to longitudinal data to compare changes in employee functioning over time, i.e., to assess the long-term effects of intervention. This would have been especially useful in assessing program effects upon problems which may be of long duration and may reoccur, such as alcoholism and emotional problems. Second, the extent to which findings on the sampled population are representative of the total EAP population of users is not known. Discrepancies between employee reports and EAP reports of the primary problem made efforts to compare the two groups useless. Third, it must be kept in mind that this study relies on self-report, and one must always look cautiously at data of this nature.

FINDINGS

THE EMPLOYEE STUDY

Overall the study found that EAP was meeting the needs of a wide range of troubled clients and helping them to enhance their job performance. While EAP was effective with problems of all kinds, the services were found to be especially helpful where alcohol abuse was concerned. Specifically:

- Employees who sought EAP assistance showed a uniform profile of sharply reduced functioning at work and elsewhere whatever the problems origin, the employee's sex or occupational classification.

- Employees spanned all job classifications from administrative and professional to support staff worker. The majority were long-standing employees of the MCPS system, occupying such jobs as cafeteria worker, central office administrator, mechanic, office secretary, and teacher. About 60 percent of these employees spent all or part of their day working directly with students.

- As a group, they confronted a wide range of problems, including job problems, alcohol addiction, family problems such as divorce and physical abuse, medical dysfunctions, and financial crises. Problems were not always discrete as employees reported that family problems tended to "spill-over" and decrease effectiveness at work.

- Study findings indicated that EAP was generally working well in providing direct and effective assistance to troubled employees. As a group, employees reported substantial increases in functioning in work and nonwork settings after EAP intervention. EAP appeared to be effective in improving individual functioning no matter what the problem, be it job stress, substance abuse or family conflict. EAP appeared to be equally effective for both men and women and for administrative, professional, and support staff members.

- The majority of employees interviewed strongly praised EAP in its ability to resolve or reduce problems. Seventy-five of the 80 interviewed reported that they would recommend EAP to others; some had already done so.

- The data also suggest, however, that EAP may place an overemphasis on alcohol-related problems. Further, diagnosis and referral services for nonalcohol abuse problems may not be as strong as those for alcohol abuse problems. Employees with nonsubstance abuse problems tended to rate the referred service lower than those with alcohol problems.

- EAP appeared to provide substantial in-house assistance in resolving the problems of many employees who do not require referral to outside agencies. In the cases of employees with job-related problems, EAP assessed whether an on-the-job solution would work. In cases, where a change of positions either laterally or downward was indicated, EAP assessed job skills, presented options, and guided employees through job change procedures in personnel.

THE SUPERVISOR STUDY

The study findings indicate that EAP is generally working well in reducing the time spent by supervisors and coworkers in handling the problems of troubled employees. Specifically:

- During the problem phase, supervisors estimated that employee functioning dropped to sharply below average levels in all measured areas. Also during that period, supervisors estimated they were twice as involved with the troubled employee as compared to the average employee under their supervision. After EAP intervention, they estimated their involvement to be 15 percent less than that of the average employee.

- Supervisors reported sharp increases in employee work performance and relationships with students, coworkers, and supervisors themselves after EAP intervention.

- All supervisors interviewed reported that they would recommend EAP to other employees under their supervision as well as to other supervisors as a referral resource.

THE STUDY OF ORGANIZATIONAL PROCEDURES

The study uncovered the following strengths and weaknesses in the organizational procedures examined:

- Initial contact procedures were perceived by employees as satisfactory; phone calls were returned promptly and appointments were kept on schedule.

- In spite of the apparent effectiveness of the EAP program in assisting employees, recordkeeping procedures, especially with regard to type of employee problems, appeared to be inconsistent, requiring some revisions; the specialists appeared to differ as to the criteria they used in classifying their clients' problems; and in 47 percent of the sample interviewed, client and program reports differed in what was perceived as the primary problem requiring intervention.

- Finally, two of the employees surveyed indicated that confidentiality was not honored and that their supervisors and coworkers were informed of their participation in EAP; this has the potential for causing serious problems as assurance of confidentiality is extremely important to program clients.

RECOMMENDATIONS FOR IMPROVING EAP SERVICES

A number of recommendations for modification of practice emerged from this study. Specifically:

- o There appears to be an overly strong emphasis within EAP upon alcoholism problems. This overemphasis was reflected in the program's bias toward producing alcoholism diagnoses, greater familiarity with excellent community-based alcoholism services, and greater training of supervisors in early intervention with alcoholic employees. Since only 16 percent of those interviewed reported alcohol problems, a strengthening of services in other problem areas seems to be needed.

- o EAP may need to increase grass-roots level awareness of its services to employees with nonsubstance abuse problems. Many employees first heard about and were referred to EAP through their supervisors. Yet, supervisors were half as likely to refer employees with nonsubstance abuse problems. It would be useful to disseminate EAP information on a routine and systemwide basis, thereby increasing the extent of the program's implementation.

- o EAP may need to review its criteria for determining the proper duration of assistance under its crisis intervention mandate. For the majority of employees interviewed, EAP appeared to be filling its mandate to provide short-term crisis intervention. But, there were exceptions to this practice where extended intervention appeared to be produced. In 8 of the cases reviewed, EAP specialists appeared to be providing extended intervention. It is difficult to distinguish between crisis and long-term intervention by a numerical standard. But, criteria for the proper duration of assistance need to be established.

- o EAP should consider increasing contact with supervisors within the limitations of program confidentiality. While supervisors found EAP to be outstanding in its assistance to troubled employees, some wished to have a closer working relationship with the program as a means of learning more about problem identification as well as techniques for working with troubled employees.

- o EAP may need to improve its recordkeeping procedures. Study findings indicated major discrepancies between employee's classification of problems and EAP coding of their problems. While some discrepancies can be attributed to disagreements about the nature of the problem or different ways of looking at the same problem, others may have to do with conflicting recordkeeping criteria. It appears that some specialists may categorize employees by the kind of service to which they were referred; others may categorize employees' problems using psychological concepts.

337p/3

Acknowledgements

The study would like to thank the following members of the Employee Assistance Program for their cooperation and support.

Miriam K. Cameron, Director

Robert H. Bertin, Specialist
Rosemary K. Hilberg, Specialist
Donna J. Naberhuis, Specialist

Doris Ley, Secretary
Deborah Lowman, Office Assistant

Sandra L. Deighton, Specialist Assistant

The study would also like to thank all the employees who agreed to discuss their sometimes deeply personal and painful experiences. The study hopes that their contribution will increase understanding of employee problems, their impact upon work, and the effect of EAP assistance.

Project Staff

Principal Investigator/Project Director	Jo Ann Goldberg, Ph D
Program Analyst	Laura Steinberg
Consultant	Edward Fink, Ph D University of Maryland
Data Collectors	Deborah Hollander Jean Kapp Clare Kirkhart Laura Steinberg Derrick Walton Norm Ward Shelia Wolfe
Data Control	Albert Jenny
Secretary	Patricia Chambers
Graphics	David Stream

EVALUATION OF THE EMPLOYEE ASSISTANCE PROGRAM IN THE MONTGOMERY COUNTY PUBLIC SCHOOL SYSTEM

Table of Contents

	Page
STUDY BACKGROUND	1
STUDY PURPOSE AND PROCEDURES	3
Study Purpose	3
Data Collection Procedures	4
Sampling	5
Limits of the Study	6
THE EMPLOYEE STUDY	7
Overview	7
DISCUSSION OF FINDINGS	9
Characteristics of Employees Who Seek EAP Assistance	9
The Effects of Problems Upon Employees Functioning	9
EAP Effectiveness in Increasing Employee Functioning	16
The Effect of Specialist Intervention	16
EAP Assistance As A Referral Service	23
EAP In-House Assistance	25
Employee Assessment of EAP Services	27
Recommendations For Improving EAP Services To Employees	28
THE STUDY OF EAP'S ORGANIZATIONAL PROCEDURES	30
Overview	30
DISCUSSION OF FINDINGS	31
Initial Contact, Appointment and Advocacy Procedures	31
Confidentiality	31
EAP Recordkeeping Procedures	31
Recommendations For Improving EAP's Organizational Procedures	33
THE SUPERVISOR STUDY	34
OVERVIEW	35
DISCUSSION OF FINDINGS	36
Characteristics of the Supervisors That Refer Employees to EAP and the Kinds of Problems They Encounter	36
The Effects of Employee Problems Upon Job Functioning	36
Supervisor Involvement With Employee Problems and the Effects of EAP Intervention	42

Supervisor Assessment of EAP Effectiveness 46
Recommendation For Improving EAP Services To Supervisors 47

APPENDIX A - Data Collector Training. A-1

APPENDIX B - EAP Supervisor Interview B-1

APPENDIX C - EAP Employee Interview C-1

List of Tables

		Page
Table 1	Categorization of Employees by Problem Type and Extent of Work with Students.	10
Table 2	Employee Estimates of Quality and Quantity of Work Performance at Two Points in Time Compared to Estimates of Average Worker Performance	11
Table 3	Employee Estimates of Changes in Interpersonal Relationships with Students, Co-Workers, and Supervisors at Two Points in Time Compared to Estimates of Average Worker Interpersonal Relationships	12
Table 4	Employee Estimates of Changes in Interpersonal Relationships in Nonwork Settings and Quality of Life in General at Two Points in Time Compared to Estimates of Average Individual.	14
Table 5	Employee Estimates of Changes in Alcohol/Drug Consumption at Two Points in Time Compared to Employee Estimates of Average Individual Use.	15
Table 6	Employee Estimates of Quality and Quantity of Work Performance at Three Points in Time Compared to Estimates of Average Worker	17
Table 7	Employee Estimates of Changes in Interpersonal Relationships with Students, Co-Workers and Supervisors at Three Points in Time Compared to Average Worker	18
Table 8	Employee Estimates of Changes in Interpersonal Relationships in Nonwork Settings and Quality of Life in General at Three Points in Time Compared to Estimates of Average Individual	19
Table 9	Employee Estimates of Extent of Problem Increase/Decrease Due to EAP Intervention	20
Table 10	Employee Estimates of Extent of Problem Increases Without EAP Intervention.	22
Table 11	Categorization of Employees by Number of Meetings with EAP.	24
Table 12	Categorization of Employees by Length of Contact with EAP .	24
Table 13	Categorization of Employees by Current Job Classification .	26
Table 14	Categorization of Employee Problem Assessment by EAP Problem Assessment.	32

Table 15 Categorization of Employees by Job Classification and Problem Type. 37

Table 16 Supervisor Estimates of Changes in Work Quality and Quantity of EAP Referred Employees at Two Points in Time Compared to Estimates of Average Employee Performance. 38

Table 17 Supervisor Estimates of Changes in Interpersonal Relationships of EAP Referred Employees at Two Points in Time Compared to Estimates of Average Employee Interpersonal Relationships. 39

Table 18 Supervisor Estimates of Extent of Decline in Employee Relationships with Co-Workers-Supervisors During the Problem Phase 41

Table 19 Supervisor Estimates of Changes in Work Quality and Quantity of EAP Referred Employees at Three Points in Time Compared to Estimates of Average Employee Performance 43

Table 20 Supervisor Estimates of Changes in Interpersonal Relationships of EAP Referred Employees at Three Points in Time Compared to Estimates of Average Employee Interpersonal Relationships. 44

Table 21 Categorization of Supervisor Referred Employee By Current Job. 45

STUDY BACKGROUND

The Montgomery County public school system presently provides assistance through the Employee Assistance Program to employees with problems which affect work performance. The Employee Assistance Program was first proposed for the Montgomery County Public Schools (MCPS) in early 1975. At that time, an initial policy was developed by the EAP advisory committee and approved by the Board. MCPS supported the development of a "broad brush" program by providing training at the 1975 Rutgers Summer School for Alcohol Studies. In March, 1976, the Board of Education accepted the first of two successive grants from the Eugene and Agnes E. Meyer Foundation which established the MCPS Employee Assistance Program. In December, 1977, the Board adopted a broadened EAP policy which assured employees that their job, tenure, future, and reputation would not be jeopardized by using the service and placed responsibility upon the employee to seek early assistance or treatment or to accept it if offered. From that time on to the present, EAP has been funded through the MCPS System and the National Institute on Alcohol Abuse and Alcoholism. In order to assure its organizational independence, EAP was placed under the Office of the Superintendent.

EAP's mandate is to provide crisis intervention, pretreatment or prereferral evaluation, information, referral, and follow-up services. Under the Board policy, EAP has often acted as an advocate for those employees involved in the program. Staff and employee clients are to act together to seek reasonable and acceptable alternatives and sources of help. From its inception to March, 1981, services have been provided to 943 MCPS employees. From September, 1979, to September, 1981, the focal period for this evaluation, EAP served 381 employees with the following types of problems:

- Job-related problems: RIF, burnout, stress, and conflict
- Alcoholism of the employee
- Alcoholism within the employee's family
- Drug abuse of the employee
- Family problems, divorce, abuse, and marital conflict
- Emotional problems: life crisis, neurosis, and psychosis
- Financial problems
- Medical problems

The present study requested by the EAP examines two of the key goals of the program as designated in its policy statement and other documents:

- To enable troubled employees to function more effectively because of intervention of EAP

- To reduce time-consuming activities of supervisors and other personnel related to the problems of troubled employees and thereby to improve working conditions within departments because of EAP intervention

To reach these goals, the EAP program adopted two kinds of activities:

- To provide prompt crisis intervention, information, and referral services to appropriate outside agencies to meet the individual needs of troubled employees and their families with problems which impair work functioning

- To act as an in-house resource for supervisors by providing crisis intervention services to meet the needs of the troubled employee

To a limited extent, the study also examined aspects of EAP's organizational procedures. They included: intake and referral functions, confidentiality, and recordkeeping procedures.

STUDY PURPOSE AND PROCEDURES

STUDY PURPOSE

The aim of the study was to determine whether EAP goals are being met. The study examined the effect of EAP intervention upon two groups: employees who had used the program through self-referral or referral by others and supervisors who had referred employees under their supervision. The study's key questions were the following:

A. Did EAP intervention enable troubled employees to function more effectively?

   1. Who are the employees that use EAP and what are their problems?
   2. Do these problems affect employee functioning?
   3. Did employee functioning increase as a result of EAP intervention?
      a.) What is the effect of specialist intervention?
      b.) What is the effect of EAP in-house assistance?
      c.) What is the effect of EAP's referral service?
   4. Did employees find EAP assistance useful?

B. To what extent are EAP organizational procedures functioning well? The study examined the following procedures:

   1. Initial contact
   2. Confidentiality
   3. Recordkeeping

C. Did EAP reduce time-consuming activities of supervisors and other personnel related to the problems of troubled employees?

   1. Who are the supervisors that refer employees and what kinds of problems do they encounter?
   2. What effect did employee problems have upon job functioning?
   3. To what extent were supervisors involved with these problems?
   4. Did supervisors find EAP assistance useful?

It is important to note that the population of individuals who use EAP is unusual compared to those typically studied. Commonly, the key characteristics of a population that uses a program and the metric for program success are already known. For example, a study of the effect of a remedial reading program upon all second grade students defines the target population and the extent of the program effect. In this case, the target population is all second grade students with below level reading skills and the program's effect is measured against an acceptable level of reading. In contrast, we did not know about the level of functioning of employees who used EAP.

Thus, the study developed measures of employee functioning. Employees who had used EAP were asked to estimate their functioning during three time periods: before there was a problem, during the problem, and after EAP intervention or currently. Within each time period, functioning and personal relationships were measured and compared. At work, they included the quality and quantity of work output as well as the quality of relationships with students, coworkers and supervisors. Outside of work, the quality of relationships with spouses, children, and friends as well as the quality of life in general were measured.

Additionally, the study needed to know about the specific nature of the problems to assess their impact upon functioning. Was it the case that functioning was not impaired for employees with temporary or "life-crisis" types of problems such as the death of a spouse or a child's suicide? Was functioning only impaired in cases of "chronic" problems such as a suddenly inflamed medical disability or substance abuse? Did work-related problems such as relocation to a new job requiring different skills, job conflict and burnout have greater or lesser effects upon functioning than did family and financial problems? Thus, the study's task was to describe quantitatively and through narration the population of program users, the problems they encountered, and the impact of these problems upon performance and relationships in work and nonwork settings.

This evaluation is unique. While there have been evaluations of other EAP's, such studies typically gather data on program effectiveness by interviewing supervisors or by reviewing employee medical and attendance records. According to Harrison Trice, a national authority on occupational alcoholism programs, none have ever actually interviewed program users. Until this study, none have ever asked users what their problems were, how their problems affected work and family life, and to what extent program intervention was or was not useful.

Finally, in this study, the term "problem" is assigned a very narrow meaning. By problem, we refer to an event or situation that disrupts the usual course of an individual's life. Problems are identified by their point of origin. Thus, such terms as "job problem" or "family problem" refer only to the sector in the individual's life where something disruptive occurred. The study is not concerned with who "caused" the problem. The more complex and ambiguous questions of blame or fault are suspended -- they are irrelevant to goals of this program evaluation.

DATA COLLECTION PROCEDURES

An employee interview protocol and a supervisor interview protocol were developed and administered to these two respective target populations. The quantitative and qualitative questions developed were tailored to yield information for the study's key questions. Upon completion of each interview, data collectors wrote a one-page, single-spaced summary narration, synthesizing the qualitative data reported as it related to key research questions. The summary narrations were designed to provide a direct and detailed description of the kinds of problems employees and supervisors confronted, the impact of these problems upon work and nonwork settings, and the role of EAP intervention in their resolution. The summary narrations were designed to provide a direct and clear picture of the range of problems and circumstances employees and supervisors confronted as well as EAP effectiveness in dealing with these problems. The subsequently analyzed quantitative questions were designed to provide a statistical profile of the distribution of conditions and program impact over the populations. Both types of questions were designed to complement and enhance information each yielded. The summary narrations permitted an accurate translation, not an interpretation, of the statistical profile. The statistical profile permitted individuals confronting problems of different origins and intensities to speak through a common metric.

A third interview was developed and administered to EAP specialists. The focus was upon gaining a clearer understanding of EAP history and functioning

as seen through the eyes of the individual specialists. These interviews were also used to shed light upon questions and puzzles which were sure to arise as a result of employee and supervisor comments.

The key quantitative measurement technique used by the study was magnitude scaling, a measurement technique used in psychological research to determine the direction and strength of individual perceptions.[1] In this technique, respondents were asked to provide numerical estimates, i.e., to match numbers to the strengths of their experiences before, during, and after the time they were having problems. Thus, for example, employees were asked to estimate the quality of their work during these three periods. They were asked to establish their estimates in comparison to the average worker they knew in the same or similar job. Magnitude scaling provides significant advantages over the more commonly used category scaling. It gives the study legitimate access to the more powerful statistical methods available today for the describing, predicting, and modeling events. It enables respondents to more accurately express the true impact of problems, changes over time, and the effect of EAP intervention. Most importantly, it increases confidence in the validity of the findings because under this measurement technique the degree of correspondence between reports and the actual behavior is considerably higher.

SAMPLING

The study interviewed a randomly selected sample of 80 employees or 21% of the 381 who had used EAP from the fall of 1979 to the fall of 1981. As all program users are assured that their use of EAP services will remain confidential, an EAP staff member compiled a program population list to be shared by the study and EAP. Each of the 381 clients were assigned a study number, a random number and a code signifying the specialist's designation of the employee's primary problem, job classification and program referral source. EAP specialists then contacted employees through a random selection process and requested their participation in the study. When an employee agreed to participate, he/she was assigned a study number and asked to phone a data collector at an appointed time to be interviewed. The study had no access to employee information other than his/her job and problem classifications and referral source. Similarly, EAP staff members never knew who eventually participated or what any individual said.

Approximately 60% of those who had agreed to participate in the study were eventually interviewed. From the data available it appeared that as a group, these "no-shows" were not significantly different than the general user population in terms of problem type, source of referral or job classification. Generally, the frequency of no-shows climbed around holiday periods and snow storms and decreased as the span between a request to participate and the interview appointment grew shorter. Finally, nine employees declined to participate in the study for such reasons as illness in the family or a desire not to speak about the problem.

---

[1] Lodge, Milton. Magnitude Scaling: Quantitative Measurement of Opinions. Sage Publications, Beverly Hills, California. 1981.

Cochrane, R. and A. Robertson. The life event inventory: A measurement of the relative severity of psycho-social stressors. Journal of Psychosomatic Research. 135-139. 1973.

Labovitz, S. The assignment of numbers to rank order categories. American Sociological Review. 35: 515-524.

The study also interviewed all of the 58 supervisors who had referred employees to EAP during the study's time frame. In cases where a supervisor had referred two or more employees, he/she was interviewed about the employee first identified by the random selection process. In order to maintain confidentiality, supervisors were asked not to reveal the identities of the employees under discussion. A subsequent comparison of employee and supervisor interview numbers, revealed that in 13 cases, supervisors discussed employees who had also been interviewed. Although the preferred study design would be to match the samples, such a course of action was not possible without violating confidentiality or the random selection process.

LIMITS OF THE STUDY

There are three important limitations in the study design and execution that must be kept in mind in interpreting the findings. First, and most important, this is a case study--an investigation of a single population. Employee and supervisor data on the effects of program intervention were not compared to data on other troubled employees who had not received EAP assistance. Thus, while it appears that EAP is highly effective in assisting troubled employees, we do not know to what extent these employees would have returned to previously high levels of functioning without program intervention. In addition, as this is the first study of EAP users, the study had no access to longitudinal data to compare changes in employee functioning over time, i.e., to assess the long-term effects of intervention. This would have been especially useful in assessing program effects upon problems which can reoccur such as alcoholism and emotional problems.

Second, the extent to which findings on the sampled population are representative of the total EAP population of users is not known. Discrepancies between employee reports and EAP records made efforts to compare the two groups useless. The nature and source of the discrepancy will be discussed in greater detail on page 42.

Third, it must be kept in mind that this study relies on self report, and one must always look cautiously at data of this nature. Specifically, as will be seen below, clients reported that even during their most troubled periods they continued to perform their work in a manner well above that of the average employee. Since the supervisors reports do not confirm this, one must question the validity of these self reports.

THE EMPLOYEE STUDY

OVERVIEW

Study findings indicate that EAP is generally working well in providing direct and effective assistance to troubled employees. As a group, employees reported substantial increases in functioning in work and non-work settings as a result of EAP intervention. The study identified several critical aspects of the program and related practices that are fully operational and functioning properly.

- o EAP was effective in assisting employees to sharply increase their performance in work and nonwork settings.

- o EAP appeared to be effective in improving individual functioning no matter what the problem, be it job stress, or alcohol abuse or family conflict. EAP appeared to be equally effective for both men and women and for administrative, professional, and support staff members.

- o Specialist intervention had a substantial and immediate effect in reducing employee problems. Generally, employees reported substantial reductions in their problems by the time they had stopped seeing EAP Specialists. Employees felt that substantial increases in their problems would have occurred had they not received EAP assistance.

- o The troubled employee tended to seek assistance when his or her problem--be it job-related, family, or substance abuse--broadly and sharply reduced functioning at work and elsewhere.

- o The problems of employees under stress in the family tended to spillover and contaminate performance at work. On the job, the profile of the employee beset by family problems looked much the same as that of any other problem.

- o The data suggest that EAP functions best in its crisis intervention and referral service to employees with alcohol abuse problems.

- o Program users rated specialists' job performance to be at least twice as good as that of the average professionals (e.g., doctor, dentist, lawyer) they had dealt with. Ninety-four percent of employees interviewed reported that they would recommend EAP to other MCPS system employees.

- o EAP appeared to provide substantial in-house assistance in resolving the problems of many employees. The assistance tended to be quick and effective. In the cases of employees with job-related problems, EAP assessed whether an on-the-job solution would work. In cases where a change of positions either laterally or downward was indicated, EAP assessed job skills, presented options to employees, and guided employees through job change procedures in personnel.

The study also found portions of EAP's crisis intervention and referral activities to need strengthening. These practices may need attention for EAP to be fully responsive to the MCPS employees it serves and to be fully consistent with its policy. Specifically,

- o EAP needs to examine its procedure to determine whether or not there is an overemphasis on alcoholism and other substance abuse problems. Diagnosis and referral for other problem areas may need to be strengthened.

- o EAP needs to examine its guidelines regarding the proper duration of assistance given its primary mission.

- o EAP needs to monitor the quality of all referred community services to ensure that employees in all problem categories are receiving the needed service.

DISCUSSION OF FINDINGS

CHARACTERISTICS OF EMPLOYEES WHO SEEK EAP ASSISTANCE

Employees that sought EAP assistance spanned all job classifications from administrative and professional to support staff workers. The majority are long-standing employees of the MCPS system, occupying such jobs as cafeteria worker, central office administrator, mechanic, office secretary, and teacher. They are perhaps unusual in only one aspect: since EAP intervention, 30 percent have changed jobs--either they have left MCPS or moved to a new position within the system. This rate of movement appeared high given the two-year time span of interest to the study. As will be discussed below, EAP intervention and the particular problems of these employees were important factors in understanding this turnover.

About 60 percent of these employees spend all or part of their day working directly with students. As a group, they confronted a wide range of problems,including alcohol addiction, family problems such as divorce and physical abuse, job problems, medical dysfunctions, and financial crises. Table 1 indicates the kinds of problems employees confronted and their working relationships with MCPS students.

THE EFFECTS OF PROBLEMS UPON EMPLOYEES FUNCTIONING

By the time employees sought EAP assistance, a uniform profile of sharply reduced functioning in work and nonwork settings had emerged. Generally, whatever the problem's origin, the employee's sex, or occupational classification, reduced functioning appeared in all measured areas.

At work, prior to the problem's onset, employees estimated the quality and quantity of their work performance to be considerably above those of the average employees they knew in the same or a similar job. Table 2 indicates that during the problem phase employees' felt the sharpest drop occurred in the quality of their work output. Interestingly, however, as a group, they felt that the quality and quantity of their work still exceeded that of the average employee.[2] During this same period, they felt their key employment relationship--that with their supervisor--dropped even more sharply. Corresponding, but slightly less steep, declines were also seen in their interpersonal relationships with coworkers and students. Table 3 compares employee estimates of their interpersonal relationships before and during the problem phase.

---

[2]As we shall see in the supervisor study, supervisors also estimated the quality and quantity of employees work output to be substantially above average prior to the problem's onset. Yet, during the problem phase, significant differences emerged. Fifty-eight of the employees felt their work remained above average. The remaining 22 felt their work dropped only slightly below average. Yet, according to supervisors, the problem's impact upon job functioning was far more devastating than that perceived by employees. As supervisors saw it, the quality and quantity of employee work performance dropped sharply below average.

Table 1

Categorization of Employees by Problem Type and Extent of Work with Students

	Alcohol	Family	Financial Medical	Job	
Full Day with Students	2 (3%)	12 (15%)	4 (5%)	15 (19%)	33 (41%)
Half Day Less With Students	3 (4%)	4 (5%)	2 (3%)	3 (4%)	12 (15%)
No Contact with Students	8 (10%)	11 (14%)	1 (1%)	15 (19%)	35 (44%)
	13 (16%)	27 (34%)	7 (9%)	33 (41%)	80 (100%)

Table 2

Employee Estimates of Quality and Quantity of Work Performance at Two Points in Time Compared to Estimates of Average Worker Performance

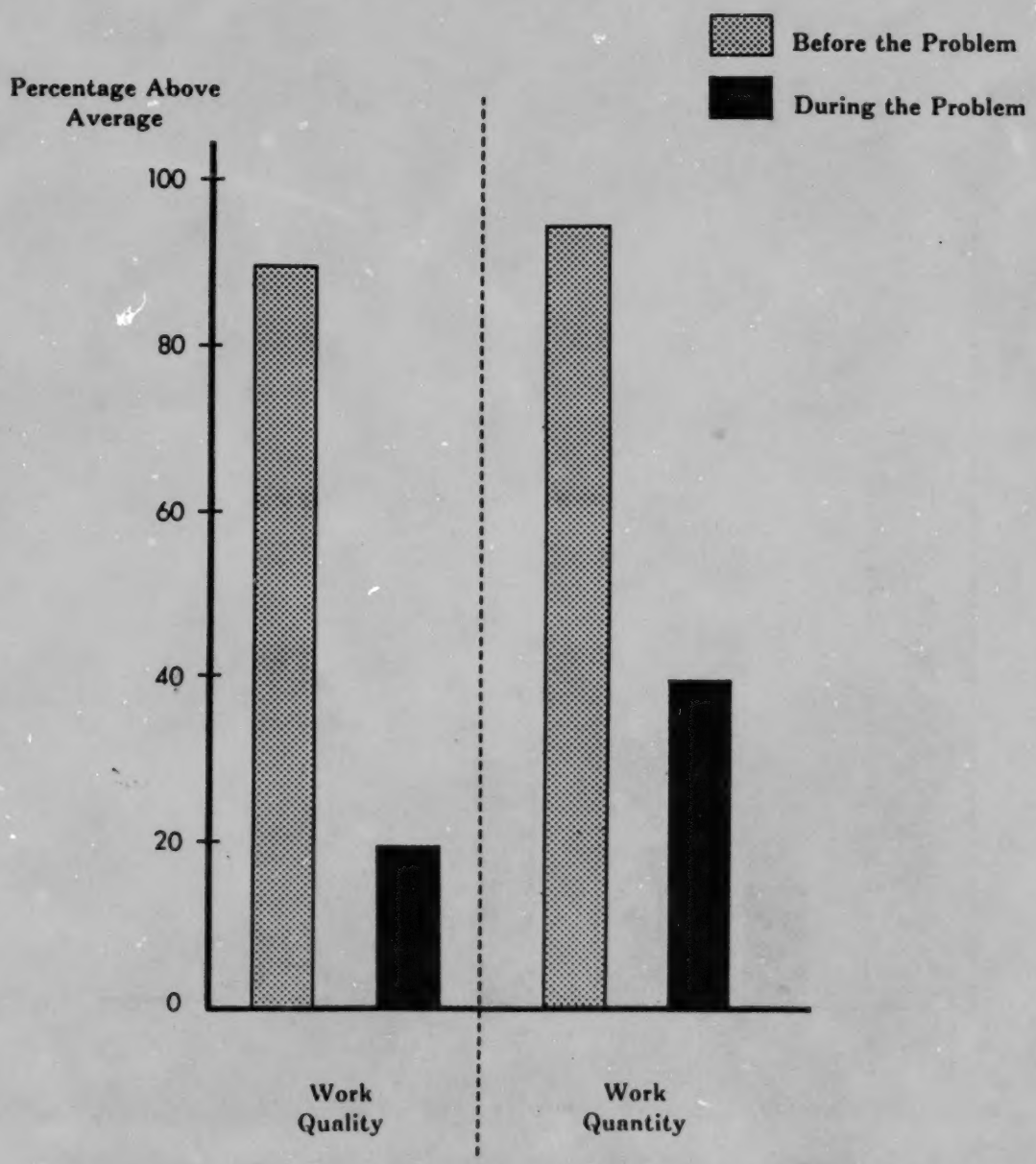
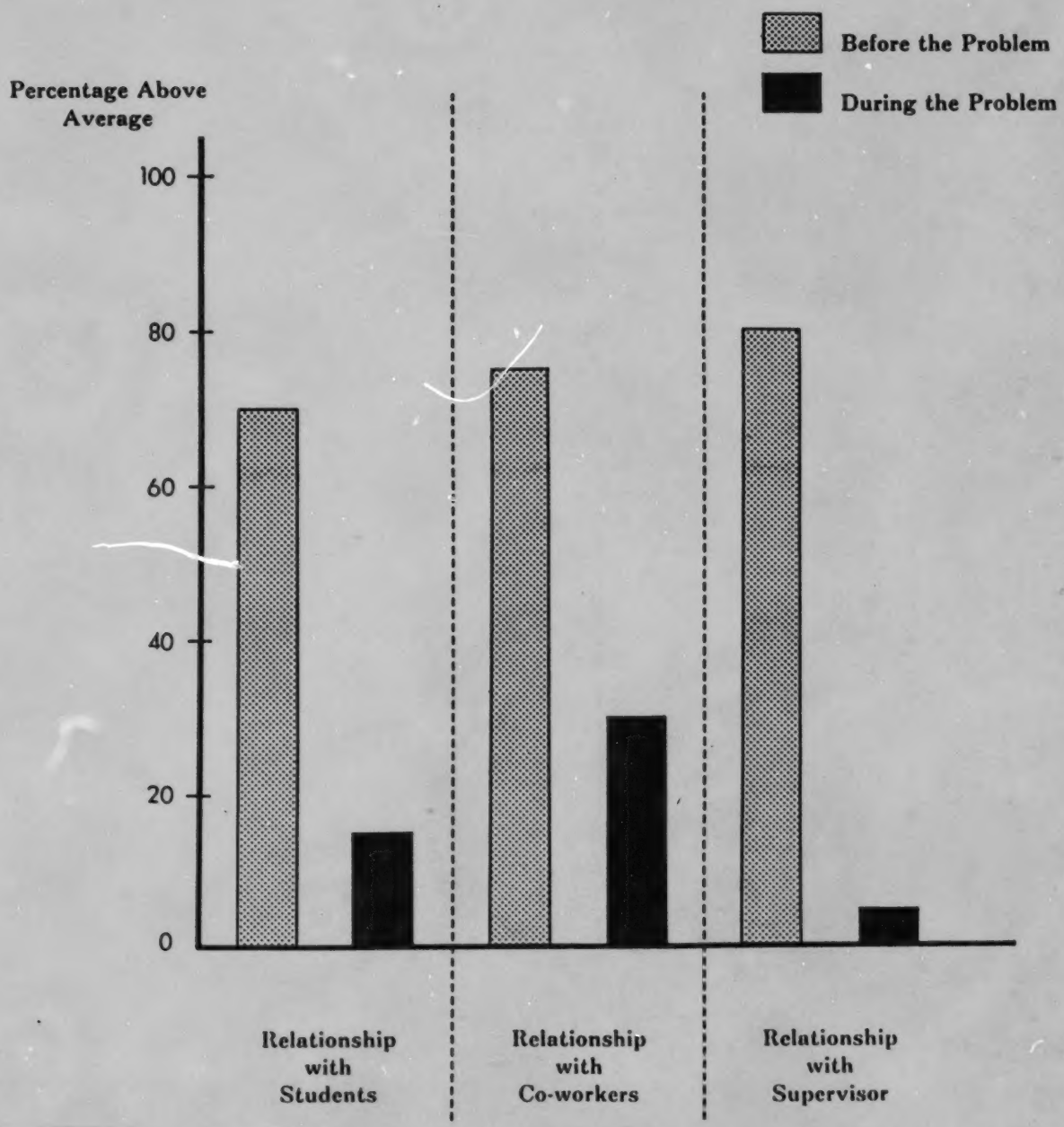


Table 3

Employee Estimates of Changes in Interpersonal Relationships with Students, Co-Workers and Supervisors at Two Points in Time Compared to Estimates of Average Worker Interpersonal Relationships



Referring to his students, one employee reported, "They said I was a great teacher but I just didn't have it anymore." Another, coping with a drinking problem, reported about his students, "I was short with them ... wasn't communicating." A teacher confronting serious problems with her own child reported, "I began to fall apart at the seams." While her supervisor and coworkers were supportive, "[She] was feeling self-conscious and wanted to isolate [herself]."

During this problem phase, employees reported that even sharper deteriorations in functioning occurred outside of work. Table 4 shows that previously strong relationships with spouses, children, and friends all declined. The steepest decline appeared in employees' sense of the quality of their lives during this period. One employee, confronting a serious medical problem reported, "I became incredibly depressed and missed over 40 days of work."

As a group, employees depicted their alcohol and pill consumption to be sharply below the average before and during the problem phases (see Table 5). Yet, during the problem phase, drug consumption increased and significant differences in consumption patterns emerged. Prior to and during the problem phases, employees with alcohol problems drank more than those with any other kind of problem. The next sharpest increase appeared with those experiencing job stress followed by those with family problems.

This emerging profile of widespread and uniformly reduced functioning became somewhat differentiated when the study compared employees with problems originating on the job to those emerging from within the family. Life at home remained comparatively stable for those undergoing even great disruption at work. The quality of relationships with spouses dropped only slightly as employees grappled with worries over possible RIFs, friction with supervisors, and stressful working conditions. In contrast, stress from family problems such as illness, the imminent death of an elderly parent, or divorce tended to spillover and contaminate performance at work. On the job, the profile of the employee beset by family problems looks much the same as that of any other problem. As employees describe their lives, the picture moves into focus.

While one employee reported great stress from overwork when assigned to teach an excessively large class outside of her area of training, home life went on as usual. Another teacher reported general exhaustion after years of working with troubled students. At home, her exhaustion only somewhat reduced the quality of time she spent with her own children.

In contrast, the spillover effect of home problems was reported by many employees. An employee whose wife began to seriously neglect the children reported that at work he "...became argumentative with [his] supervisor." A teacher whose longstanding marriage entered a rocky period reported that at work she was "...less attentive to the needs of students." Commonly, as home problems first began to develop, employees reported an initial increase in productivity, almost an escape into work. But, as the problem escalated, life at work suffered. "I actually became more involved in my work. It was an escape from the situation at home." When marital strife continued to grow, this employee missed work for three consecutive weeks. "I just couldn't face work. I was too upset....[My husband] would blow up if I wasn't home at a certain time so I would have to miss meetings to avoid a scene."

Table 4

Employee Estimates of Changes in Interpersonal Relationships in Nonwork Settings and Quality of Life in General at Two Points in Time Compared to Estimates of Average Individual

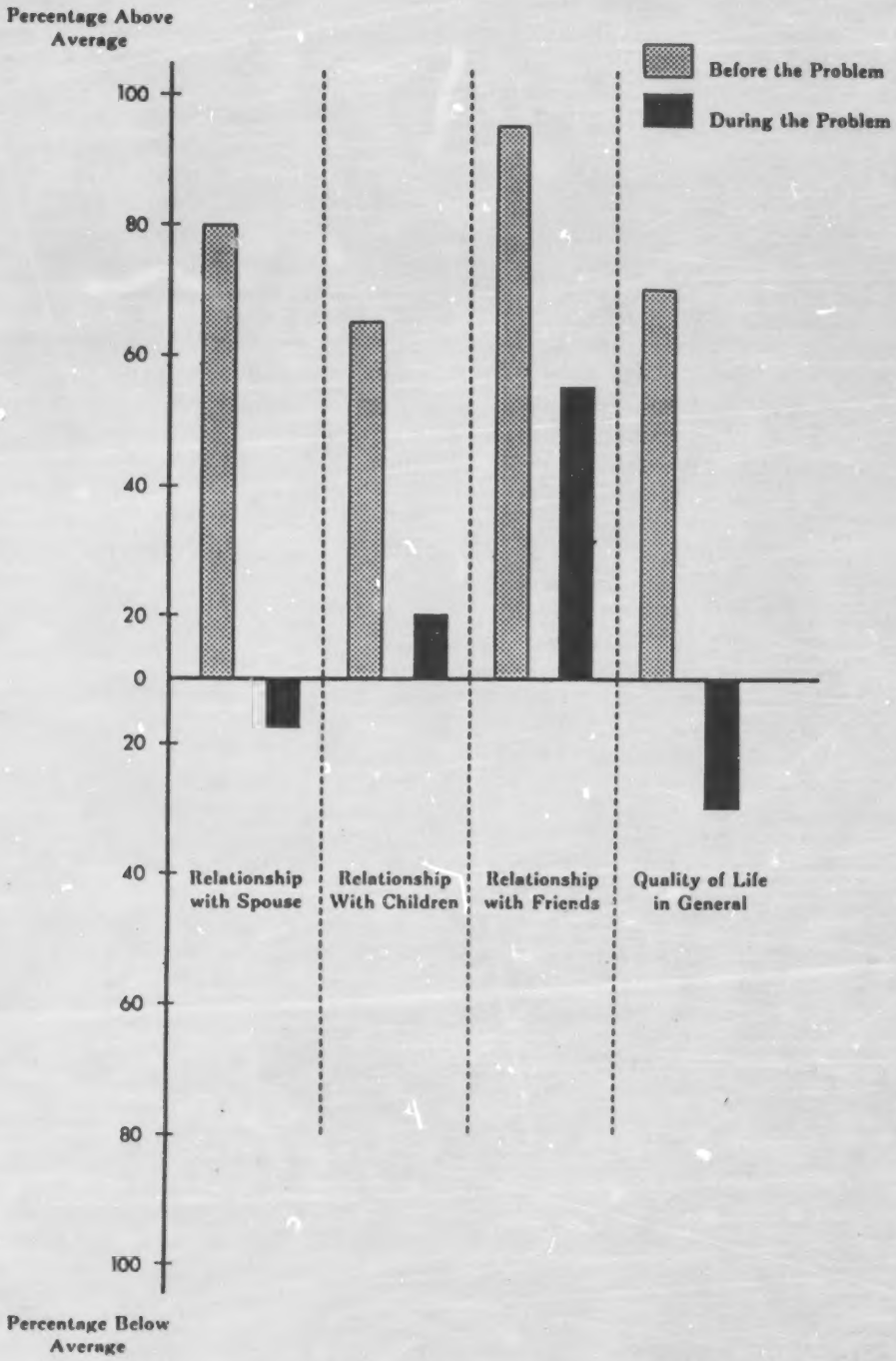
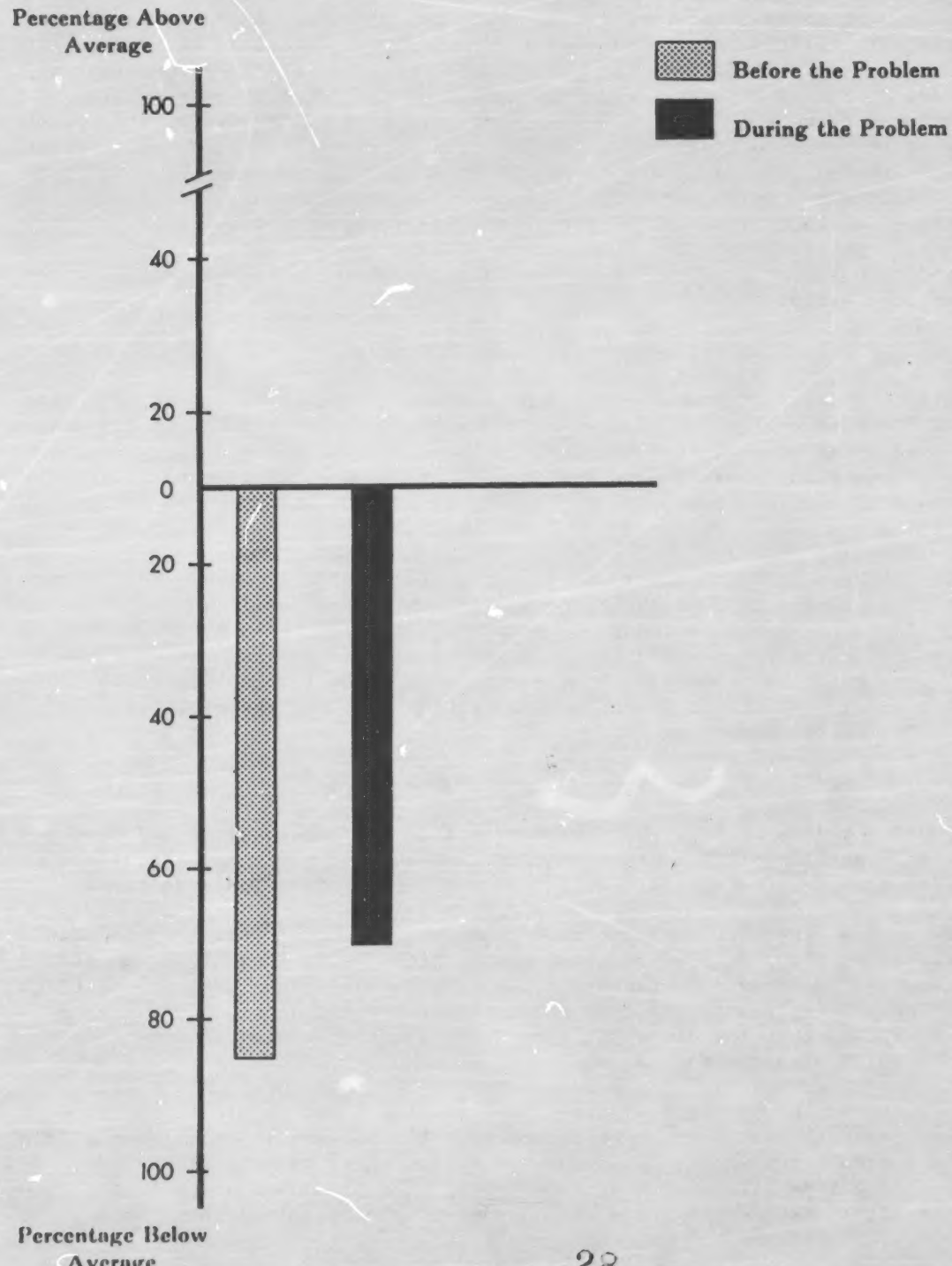


Table 5

Employee Estimates of Changes in Alcohol/Drug Consumption at Two Points in Time Compared to Employee Estimates of Average Individual Use



For the alcoholic employee, functioning was deeply disrupted in both work and nonwork settings. Routinely, home was described as the setting for "complaints" and "arguments" of concerned spouses and children. Disorganization at work was expressed by many through lowered attendance, sharply diminished work performance, drinking before or at work, and eventual confrontations with supervisors.

In summary, by the time employees sought EAP services, a profile of widespread reduced functioning had emerged. On the job, work performance and interpersonal relationships had declined sharply. Outside of work, the quality of key relationships had declined and drug consumption had increased. Family problems tended to spillover and disrupt the employees' functioning at work. Job problems appeared to have a less disruptive effect outside of the work setting. As a whole, the problems' impact upon these employees tended to be sharp and wide-ranging. It appears that employees sought assistance only when they passed a threshold of widely reduced functioning. That is, while the history, duration and impact of any particular problem--be it job stress or substance abuse--may be unique for each individual, only when its effects are widespread and deep does the employee seek assistance.

EAP EFFECTIVENESS IN INCREASING EMPLOYEE FUNCTIONING

In general, employees reported sharp and substantial increases in functioning after EAP intervention. As the problems receded, functioning in all areas measured returned to or exceeded preproblem levels. As Tables 6 and 7 show, employees reported sharp increases in the quality and quantity of their work performance as well as improvements in their relationships with students, coworkers, and supervisors.

Table 8 shows a similar pattern of improvements outside of work. The central subjective measure--the quality of one's life--which had declined to a below average level currently exceeds its preproblem level. While there were sharp improvements in employees' relationships with their spouses and the quality of their work performance, neither had reached preproblem levels. It is possible that this central relationship and central estimate of the worth of one's work are the slowest to rebound.

THE EFFECT OF SPECIALIST INTERVENTION

The study asked what was the direct effect of EAP intervention and what was the typical duration of that intervention. That is, was EAP filling its mission to provide crisis intervention and was the intervention effective?

Employees were asked to estimate the extent to which their problems increased or decreased by the time they stopped meeting with specialists. As a group, they reported substantial reductions in their problems by the time meetings ended. Table 9 represents employee estimates of the extent of these changes. Table 9 shows that the direct effect of intervention varied according to the type of problem encountered.

The immediate effect of intervention was greatest for those with alcohol problems. An alcoholic employee commented, "I'd been an alcoholic for a long time but I didn't realize it .... The specialist got me to acknowledge my problem and got me into treatment immediately. In the cases of employees with family problems, EAP meetings did not resolve the problems but seemed to

Table 6

Employee Estimates of Quality and Quantity of Work Performance at Three Points in Time Compared to Estimates of Average Worker

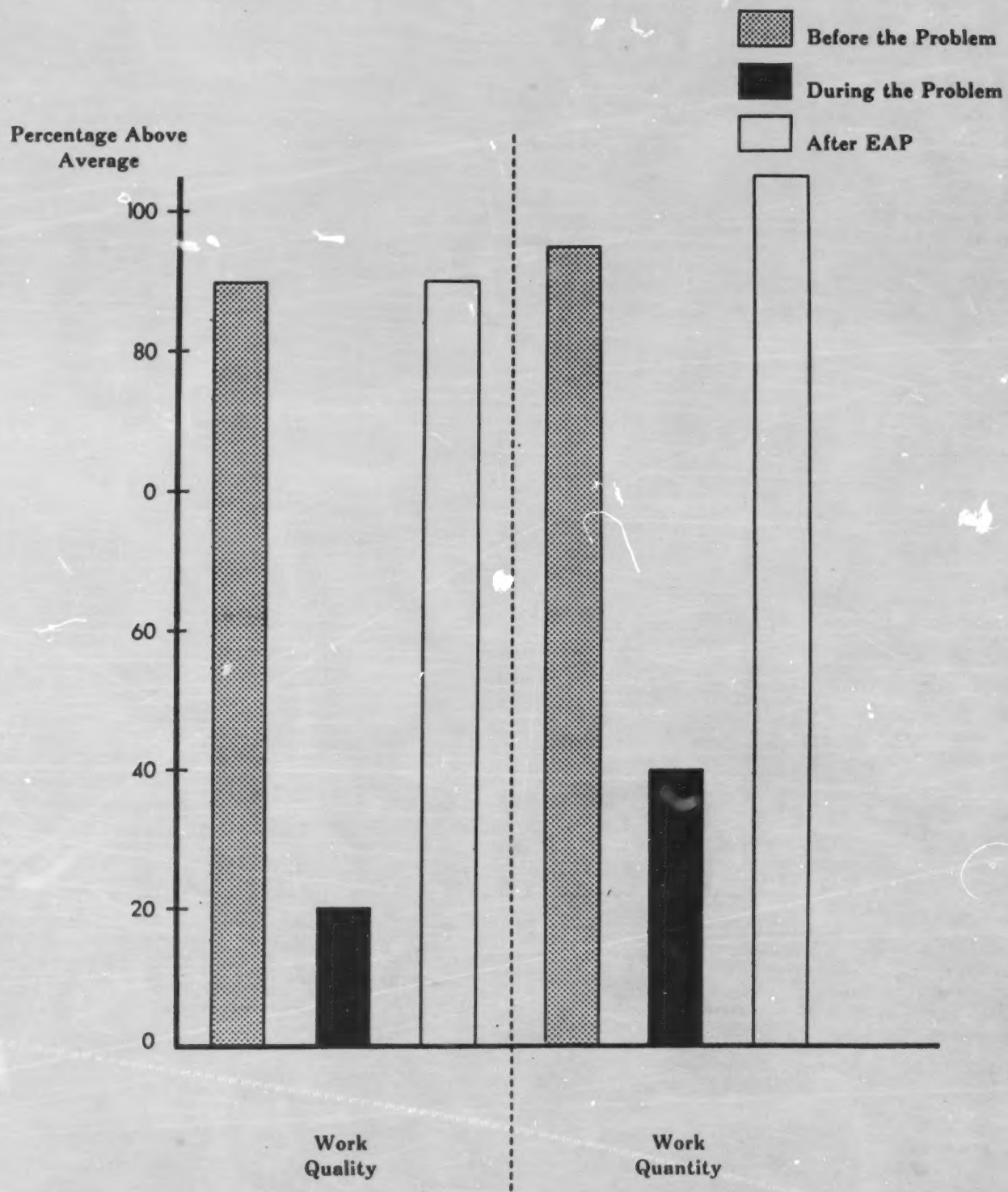


Table 7

Employee Estimates of Changes in Interpersonal Relationships with Students, Co-Workers and Supervisors at Three Points in Time Compared to Average Worker

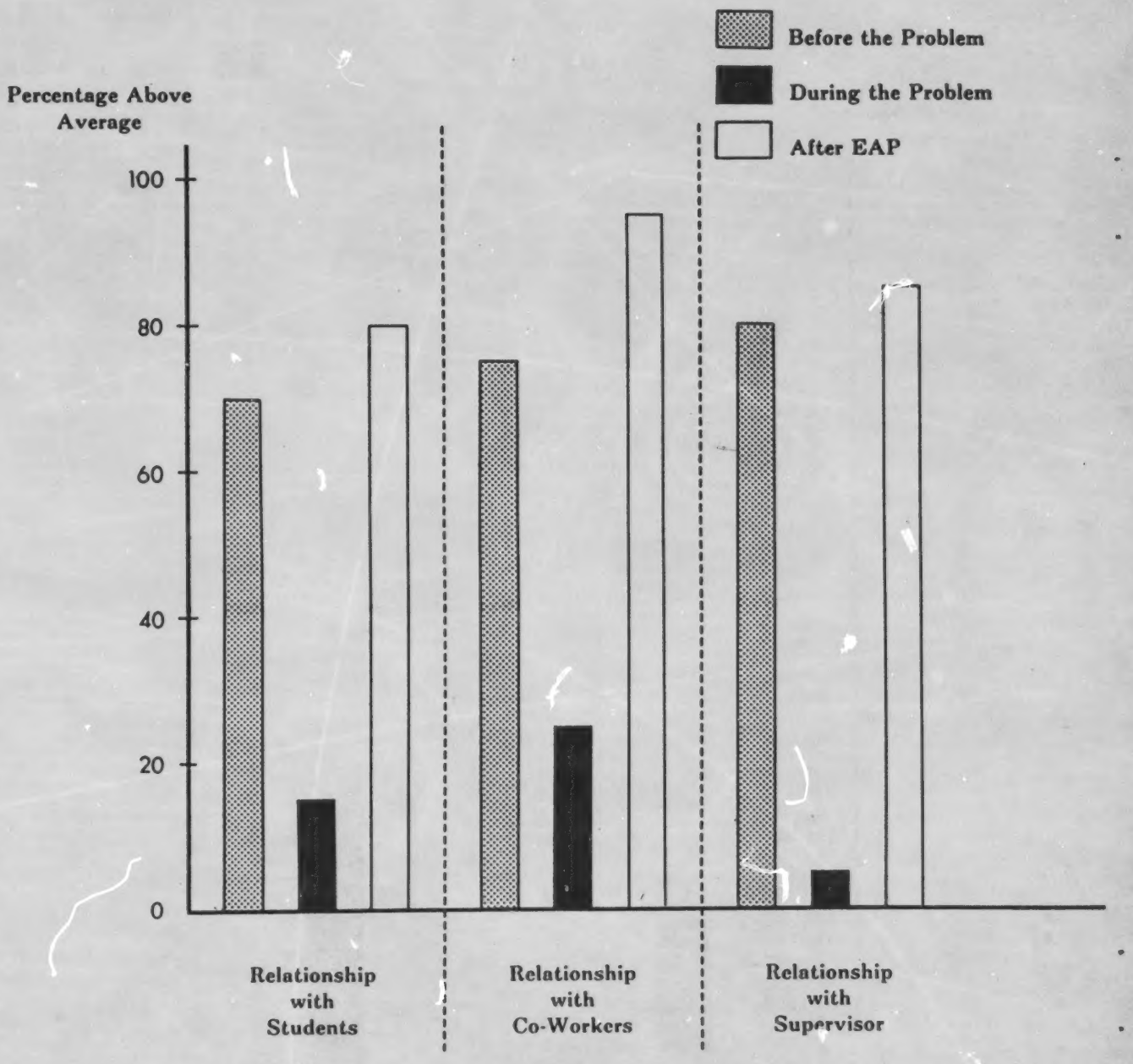


Table 8

Employee Estimates of Changes in Interpersonal Relationships in Nonwork Settings and Quality of Life in General at Three Points in Time Compared to Estimates of Average Individual

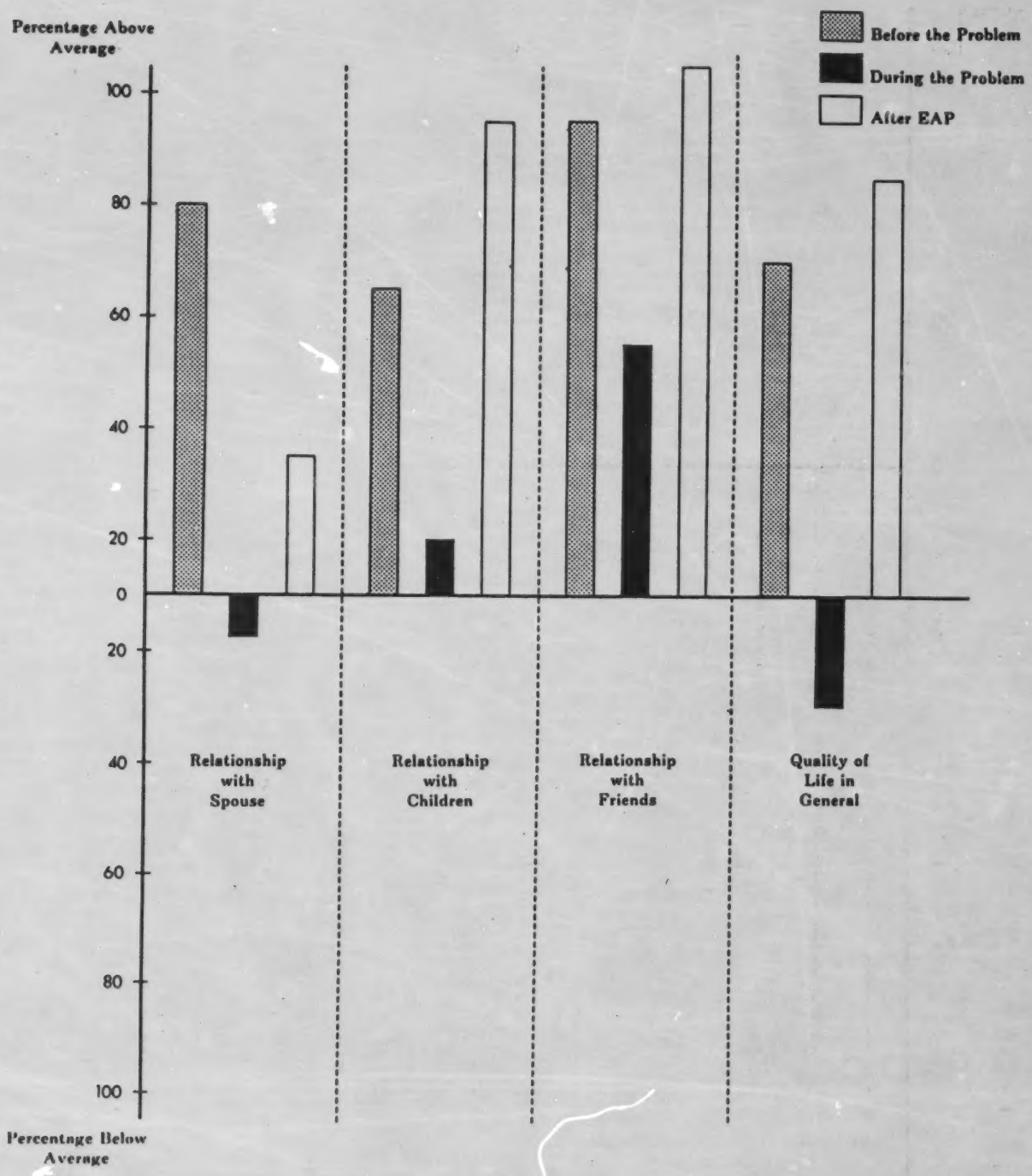
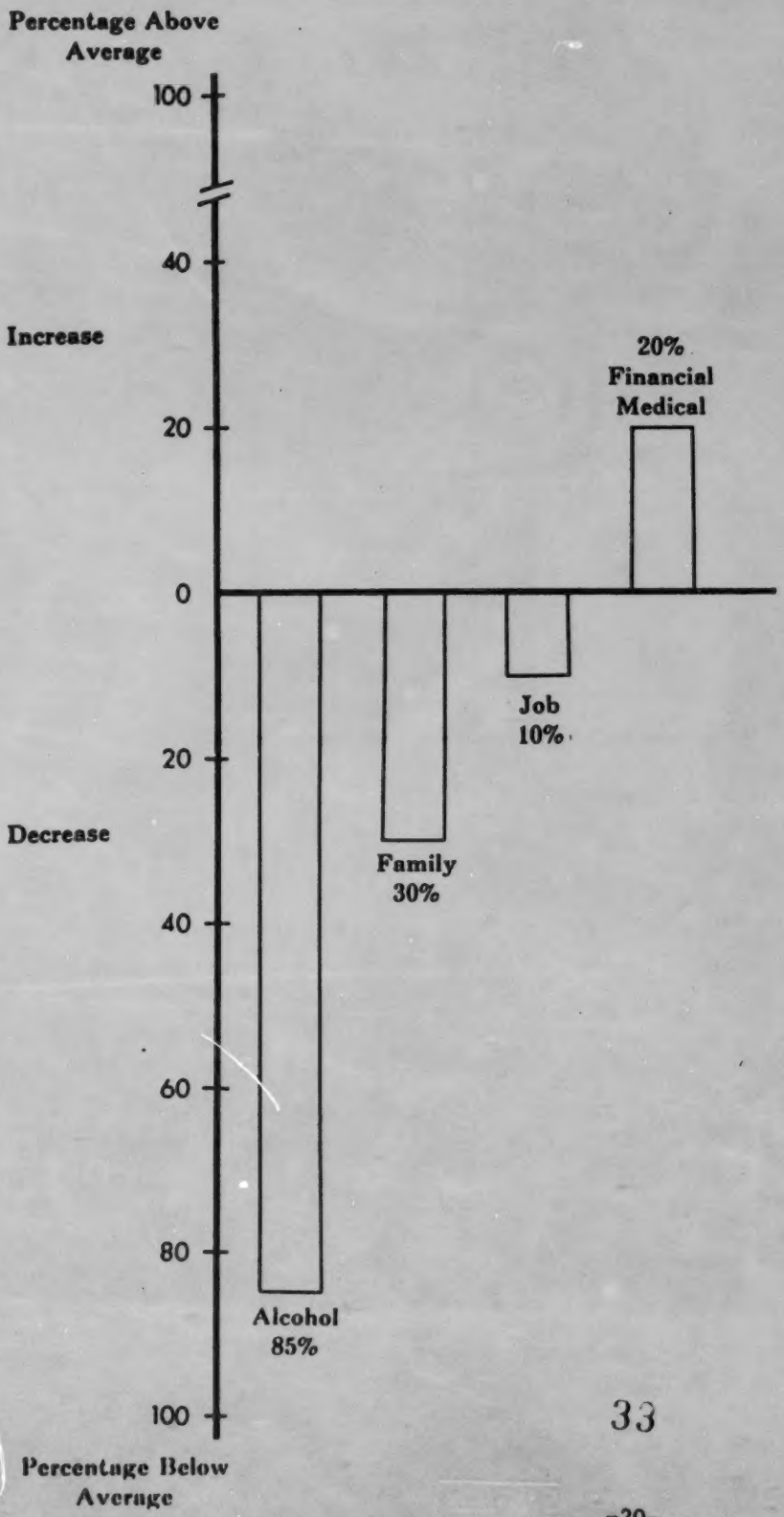


Table 9

Employee Estimates of Extent of Problem Increase/Decrease Due to EAP Intervention



provide coping skills. A teacher with a family problem commented, "EAP helped me to get a picture of why my husband was having such a hard time and how to handle specific situations with him." EAP seemed to provide system guidelines and options for resolution of job problems. A support staff member with job concerns reported, "I didn't know the channels of the system and I needed to be put in touch with the right resource." As might be expected, the immediate effect of meetings with the specialists upon those with medical and financial problems was nil. In fact, the problems of those employees increased during the intervention phase but were reduced later. This is probably because the solutions suggested by the specialists frequently required that additional resources, often medical, be devoted to solving the problem.

Employees were also asked to assess the program's overall impact, be it immediate or delayed. Employees were also asked to estimate the extent to which their problems would have increased or decreased had they not received EAP assistance. Table 10 represents these estimates. As the table shows, employees with alcohol and finacial/medical problems estimated the most substantial increases had they not received assistance. Considerably smaller increases were estimated by those with family and job-related difficulties.

As mentioned, employees tended to seek assistance when the problem, be it alcoholism or job stress, broadly and sharply reduced functioning. But, how intense must a problem be perceived to be when functioning is reduced? Table 10 may also suggest that family and job problems were perceived by clients as being very intense when functioning diminished. For example, employees with family problems estimated their problems would have increased only 30 percent without program intervention. Employees with job problems estimated a 55 percent increase. In contrast, alcoholic employee estimates suggest functioning diminished very early relative to their perceptions of how intense the problem could have become. Alcoholic employees estimated a possible 450 percent increase in their problem had EAP not intervened.

The study also asked what is the duration of effective intervention? Is EAP able to reduce employee problems under its crisis intervention--short-term assistance--mandate?

It is difficult to establish a criterion for crisis intervention. Some problems are easily handled quickly as when EAP provides an employee with options on a possible retirement or job change decision. Others cannot be handled as quickly. It is often appropriate to meet occasionally over a long period of time to monitor the progress of an employee grieving over the loss of a spouse. It is often appropriate to meet frequently over a brief period of time to support an employee's divorce action from a physically abusive spouse. As a rule, EAP defines crisis or short-term intervention as assistance requiring three or less meetings. More extended intervention does occur when judged necessary by individual specialists.

For the majority of employees interviewed, EAP did appear to provide effective assistance over a brief duration. Forty-nine of the employees, 61 percent, met with specialists three or less times. Sixty-nine employees, 86 percent, met with specialists over a period of three or less months. Tables 11 and 12 categorize employees by the number of meetings and length of contact with EAP.

Table 10

Employee Estimates of Extent of Problem Increases Without EAP Intervention

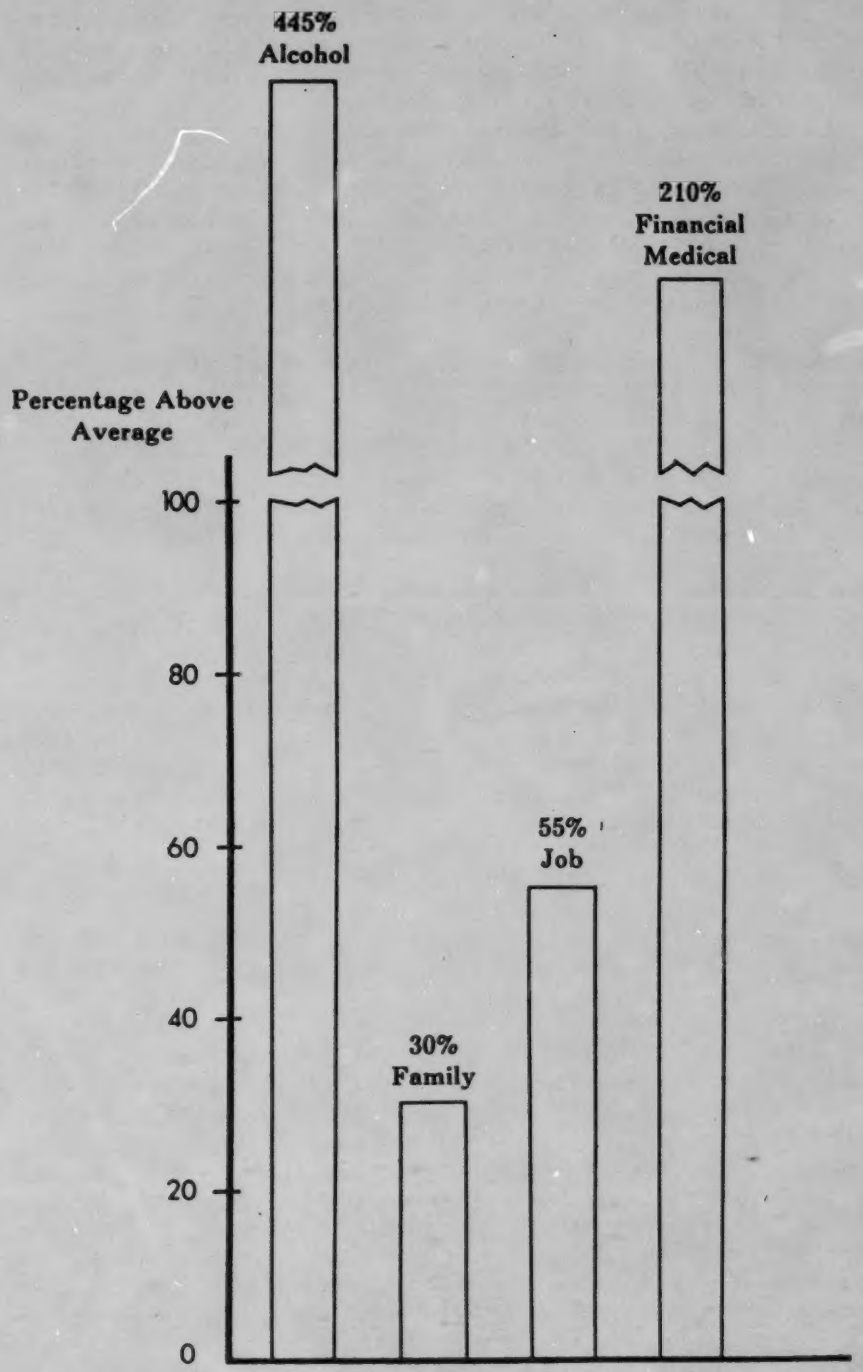


Table 11

Categorization of Employees by Number of Meetings with EAP

Number of Meetings	Number of Employees	
1 to 3	49	
4 to 10	21	N=80
12 +	10	

Table 12

Categorization of Employees by Length of Contact with EAP

Number of Months	Number of Employees	
1	44	
2 to 3	25	N=80
4 +	11	

Tables 11 and 12 suggest EAP may be providing long-term assistance to some employees. As Table 11 shows, 10 employees met with EAP specialists 12 or more times. Table 9 shows 11 employees met with specialists over a four-month or greater period. The study reviewed interviews of employees who had had more than 10 meetings over a period of four or more months. In all of these cases, employees appeared to be undergoing serious and complex problems. Two were assigned to social work interns from a local university for extended help. The remaining 8 were assigned to EAP specialists. Yet, it is possible that EAP specialists may have gone beyond their program mission and provided extended assistance to this group of 8 employees.

EAP ASSISTANCE AS A REFERRAL SERVICE

One of EAP's mandates is to refer employees, when appropriate, to outside community agencies such as alcoholism treatment and family counseling services for extended assistance with problems. EAP referred 35 of the 80 employees interviewed to such services within the community. Twenty of those referred used the service and were, in general, satisfied with the assistance they received. But, as we shall see, there were differences in the extent to which employees approved of the service. (See page 25 for discussion of those not referred.)

The data suggest that EAP is highly effective in its combined crisis intervention and referral work with alcoholic employees. This employee's comment was typical, "The specialist got me to acknowledge the problem and got me into treatment immediately." All but one of the 13 employees with alcoholism problems were referred to an alcoholism treatment center. (The one not referred was already in treatment.) All who were referred used the service. As a group, they estimated the alcoholism treatment centers to be at least 100 percent better than the average professional services they had used.

The employees with nonsubstance abuse problems gave their referred services mixed evaluations, with significant differences being noted between support and professional staff ratings of the service. While support staff rated the service as 25 percent better than the average, professional staff rated the quality of their service as 10 percent below the average professional (e.g., doctor, lawyer, dentist) services they had used.

As use of the recommended service is voluntary, not all employees used the follow-up. Of the 35 employees referred, 15 never used the service. Ten did not use the service for what seemed to be individual reasons. For example, one employee, referred to family therapy, could not convince her husband to participate; another employee had scheduling problems; another decided to try to make it on her own. The remaining group of five had been referred to alcoholism treatment centers. None felt alcohol abuse was the problem they were experiencing. Thus, they felt the referral was inappropriate. Given the information available, it is not possible to assess the accuracy of these five employee's views or EAP's diagnoses. Yet, the comments below articulate the concerns of two of the employees.

One employee sought assistance after realizing that her husband was having emotional problems. The employee reports, "From the start, the specialist saw it as an alcohol-related problem. No matter what I said, the specialist refused to let go of that idea." The specialist referred the employee to an alcohol program in the community which she rejected as inappropriate. When the specialist said that she "...should hunt the house for alcohol [she] lost

all faith...." Soon after, the employee's husband began psychiatric treatment. The employee comments, "He was grappling with some significant emotional concerns. While he is not totally better now, things are much improved. And, there was never a problem with alcohol."

An employee who was experiencing job stress asked the specialist for a psychiatric referral. "I became incensed when I discovered the psychiatrist was a specialist in alcohol and drug abuse. ... No matter what I said or did, the EAP specialist would not get off those issues. Any inquiries I made about job-related stress were squashed." Since that time, the employee said he went, on his own, to speak with a mental health professional about his drinking. "I sat down with that person and had a calm, quiet conversation where I was keyed into some self-tests which I passed with flying colors."

EAP IN-HOUSE ASSISTANCE

For many employees, use of an outside community agency or service did not appear to be the appropriate solution. In these cases, EAP specialists made a direct effort to resolve or reduce the problems. Typically, specialists provided this group of employees with "coping" skills to enable them to function better in stressful job or family situations. An employee in conflict with her supervisor reported that EAP taught her how to "...take everything in stride." Presently, problems continue to arise but she can now" ... deal with it much better." An interviewer reports that after EAP intervention, another employee felt he was better able to cope with his problems and that things were starting to look differently. Now he "sees [his] students differently." EAP's in-house assistance seemed particularly effective in the cases of employees who had changed jobs.

While the majority of employees who used EAP during the study's two-year time frame had remained on the job, 24 or 30 percent had not. Table 13 describes the kinds of job moves made and the number of employees involved.

As a group, the employees who eventually changed jobs tended to share two common characteristics. First, they tended to be "on the edge" of part or all of the MCPS system. Many were new to a school, new to a grade level, new to a position of greater responsibility, or new to the MCPS system itself. Others, older and near retirement age, were preparing to leave the MCPS system.

Second, these employees tended to have job-related problems or problems which seriously interfered with job functioning and work relationships. They routinely reported such problems as excessive work stress, general fatigue, burnout, or an assignment outside of their area of expertise. The remaining few had problems unrelated to work such as medical or financial difficulties but which sharply reduced the quality of work relationships.

In the majority of these cases, EAP appeared to assist the employee in assessing whether an on-the-job solution would work. In cases where a change of positions either laterally or downward was indicated, EAP appeared to assess job skills, present options, and guide the employee through the mechanisms of job change. The current job functioning of these individuals has returned to preproblem levels. EAP appeared to provide similar assistance to those who eventually separated from the MCPS system by presenting options regarding employment separation, disability, and/or sick leave.

Table 13

Categorization of Employees by Current Job Classification

Same Job Classification					
Lateral Shift	Moved Down	Moved Up	Left MCPS	No Change	
6	6	1	11	56	N=80

EMPLOYEE ASSESSMENT OF EAP SERVICES

The majority of employees interviewed strongly praised EAP in its ability to resolve or reduce problems. Seventy-five of the 80 interviewed reported that they would recommend EAP to others; some had already done so. Many reported that EAP provided assistance through direct intervention or referral in resolving the problem. For other individuals who found ways to solve the problems on their own or for whom the problems eventually dissipated, EAP was said to provide support and coping skills. EAP appeared to serve as a forum for individuals to analyze circumstances and develop solutions. Employees offered high praise of the program. The following comments were typical of these employees' views:

> I needed a more objective view of what was going on and the specialist's professional insight provided just that.
>
> I thought they'd only help me. ... they went right to the source of the problem and helped me to resolve it.
>
> The specialist got me to realize what I was doing to my life and gave me the emotional support I needed to make a change.
>
> They know outside referrals; you don't feel alone. It's good to be able to work where your employer is supportive and through your job resolve the problem.

It is important to qualify employee feelings about the effect of EAP assistance. As we say, employees did not seek help until life had become quite dismal. It is likely that some of these individuals would have improved a week or two later regardless of treatment simply because they were at or near the peak of their distress. In such cases, improvement is simply a result of a natural improvement from a deeply regressed state. Moreover, the health care literature estimates that 30% of any group of troubled individuals will recover without formal treatment. Some simply recover spontaneously, others because they receive effective help, advice or support through such informal channels as friends or family.

This is not to say that EAP is of no use to employees. It is likely that even in such cases as spontaneous recovery EAP may allow recovery to begin earlier and procede more quickly. This is only to say that some employees may attribute their improvement to EAP alone when, unknown to them, other factors may have been assisting the change.

Employees rated EAP specialists to be at least twice as good as the average professional on competence, willingness to help, respectful attitude, trustworthiness, and promptness at appointments. Employees focused on three central benefits of the intervention phase. Specialists were seen to provide emotional support during a period of low functioning. Specialists provided a "forum" in which employees could speak directly and fully about problems without fear of retribution from spouses, supervisors, or coworkers. And, specialists were seen to provide employees with a fresh perspective, i.e., new information about the problem.

In contrast, 5 employees were satisfied with the service but questioned some aspects of the program. Another 5 employees were stongly dissatisfied. The comments of both these groups of clients were closely examined to determine

the reasons for their problems with the program. These employees appeared to question two aspects of the program. First, as mentioned earlier, five employees felt that specialists had misdiagnosed the problem as alcoholism and had thus referred them to alcoholism treatment programs. Some of these employees were puzzled; others, irritated. All felt the diagnosis impeded the needed assistance. Second, five employees questioned the usefulness of the program and/or the referred service. Two could not afford the referred service but were denied further assistance from EAP. Three felt that EAP was somewhat useful in providing emotional support but that they could get no concrete suggestions for resolving their problems.

RECOMMENDATIONS FOR IMPROVING EAP SERVICES TO EMPLOYEES

Portions of EAP's crisis intervention and referral activities may need attention for EAP to be fully responsive to the MCPS employees it serves and fully consistent with its mandate. In reviewing the program recommendations which follow, it is important to stress that EAP is working well in providing direct and effective assistance to troubled employees; the program is valid in filling its most critical mandate. These recommendations, then, are intended to strengthen present practices.

EAP may need to reexamine its emphasis on alcohol-related problems relative to other problems. There appears to be an overly strong emphasis within EAP from the users' points of view and other data on alcoholic problems. While only 16 percent of those interviewed reported alcohol abuse problems, the program appears to be overly prepared to address these problems. This was reflected in the program's bias toward producing alcoholic diagnoses, greater familiarity with excellent community-based alcoholic services, and greater training of supervisors in early intervention with alcoholic employees.

The great majority of employees interviewed, 84 percent, sought EAP assistance for problems not related to alcoholism. Yet, as mentioned, those who used an EAP referred community service rated the quality of the referred service to be substantially lower than did alcoholic employees. It would be useful for EAP to monitor closely the quality and effectiveness of all referred services. While it is not possible for EAP to upgrade inadequate community services, employee feedback on the value of these services could be regularly analyzed so that the quality of nonsubstance abuse referrals could be improved.

EAP may need to increase supervisor training in the identification and referral of employees with nonsubstance abuse troubles.

Correspondingly, EAP may need to increase grassroots level awareness of its services to employees with nonsubstance abuse problems. Many employees first heard about and were referred to EAP through their supervisors. Yet, supervisors were half as likely to refer employees with nonsubstance abuse problems. It would be useful to disseminate EAP information on a routine and systemwide basis, thereby increasing the extent of the program's implementation.

EAP may need to reexamine its criteria for determining the proper duration of assistance. For the majority of employees interviewed, EAP appeared to be filling its mandate. But, there were exceptions to this practice. In 8 of the cases reviewed, EAP specialists appeared to be providing extended intervention, i.e., meeting with employees 12 or more times over a four-month or longer period. It is difficult to distinguish between crisis and long-term

intervention by a numerical standard. But, criteria for the proper duration of assistance need to be established. EAP may need to give special attention to cases that begin to extend beyond the normal duration of assistance to focus upon new community resources for referral and other modes of case management to shorten EAP service.

THE STUDY OF EAP'S ORGANIZATIONAL PROCEDURES

OVERVIEW

To a limited extent, the study examined aspects of EAP's organizational procedures. Study findings on intake and referral functions, confidentiality, follow-up and record-keeping procedures follow:

- Employees are satisfied with EAP initial intake, appointment, and advocacy procedures.

- While all employees were assured that their participation in the program would be confidential, in two cases, employees reported that confidentiality was not honored.

- In spite of the apparent effectiveness of the EAP program in assisting employees, recordkeeping procedures appeared to be inconsistent and may require some revisions; the specialists appeared to differ among themselves in their classification of problems; and, in 47 percent of the sample interviewed, client and specialist reports differed in what was perceived to be the primary problem requiring intervention.

DISCUSSION OF FINDINGS

INITIAL CONTACT, APPOINTMENT AND ADVOCACY PROCEDURES

Study findings indicate that employees were quite satisfied with initial contact procedures. Most employees first contacted EAP by phone, reaching either an EAP secretary or a specialist. When a message was left with the secretary, specialists returned calls promptly. Employees gave specialists very high ratings on their promptness at subsequent appointments.

In the 35 instances where specialists acted as advocates for the employee either by contacting a referred service or another MCPS department, employees were consulted and contact was authorized. In 25 cases, the authorization was oral. In the remaining 10 cases, contact was authorized in writing.

CONFIDENTIALITY

Confidentiality is, without a doubt, a cornerstone in EAP's service and a central consideration in an employee's decision on whether or not to participate. Many of those interviewed would not have attempted to resolve the problem through EAP had they thought any information divulged would be channeled back to their supervisor or coworkers or appear on their work records. Particularly vulnerable were employees who were attempting to resolve work-related conflicts in which supervisors were, at times, involved. Yet, confidentiality appeared equally important to others who were not involved in work-related difficulties. An employee with a family problem commented, "On some level, I felt a stigma attached and I didn't want the information getting back to the school." Another employee with a medical problem commented, "I didn't want anyone to know what I was going through." For others, confidentiality seemed to assure them that EAP provided a "neutral" forum where they could speak candidly and fully about problems with spouses, supervisors, children, and students.

All employees were assured their participation in the program would be confidential. In two cases, employees reported that confidentiality was not honored. In both cases, employees reported that supervisors were informed about employee participation and comments.

One employee received assurance that his participation in the program would be confidential but felt that confidentiality was not honored. "It seemed like everyone, my principal, personnel ... knew everything about me. That turned me off completely and made me feel their offers of assistance, which I never asked for, were actually intrusions." The other employee commented, "Confidentiality is a joke." In her case, she said the supervisor divulged to coworkers comments she had made only to the specialist.

EAP RECORDKEEPING PROCEDURES

The study examined EAP recordkeeping procedures as they pertained to assessments of employee problems. Table 14 classifies employee and EAP reports of the primary problem. The shaded areas from the upper left to the lower right corners of the chart traces a path through all cells in which employee and EAP statements agree. The table shows that 38 employees or 47 percent of those interviewed reported a problem different than that reported by EAP. The study was unable to uncover a pattern that would account for the majority of the discrepancies.

Table 14

Categorization of Employee Problem Assessment by EAP Problem Assessment

Employee Assessment of Problem Type	EAP Assessment of Problem Type: Substance Abuse by Employee	Substance Abuse in Employees Fam.	Family Problem	Emotional Problem	Financial Problem	Medical Problem	Job Problem	Legal Problem	
Substance Abuse by Employee	11								11
Substance Abuse in Employees Fam.		1	1						2
Family Problem		7	7	7		1	1	1	24
Emotional Problem	1	1		1					3
Financial Problem			1	1		1	1		4
Medical Problem	1					2			3
Job Problem	3			9		1	20		33
Legal Problem								1	
	16	9	9	18		5	22	1	

As all employee records are maintained in strictest confidence by EAP, the study can only speculate as to the possibly several causes of the discrepancies. In a few cases discussed earlier, employees and EAP disagreed on the assessment of the problem. In a few other cases, EAP seems to have categorized an employee as having one particular problem as primary while regarding the problem presented by the employee as secondary or less important. That is, employees and EAP may use different criteria to assess problems.

Another source of the discrepancy may be that individual specialists use conflicting recordkeeping criteria and as each serve different clients, the use of possibly conflicting criteria may never become apparent. In one case, a specialist categorized an employee as having a legal problem since he had been referred to a lawyer to initiate divorce action. In other cases, specialists appeared to designate problems as emotional whether the problem originated from within the family or on the job.

RECOMMENDATIONS FOR IMPROVING EAP'S ORGANIZATIONAL PROCEDURES

EAP may need to review and more closely monitor confidentiality procedures. All employees were assured that their participation in the program would be confidential; however, in two cases, employees reported that confidentiality was not honored. In both cases, they said that supervisors were informed about employee participation and comments. It would appear that to some extent EAP must maintain an excellent working relationship with supervisors who are the first line in spotting troubled employees. Yet, the situation is pregnant for violations of confidentiality. Any breach of this crucial link can seriously undermine the program. Confidentiality is a cornerstone in EAP's service. It is a central consideration in the vast majority of employees' decisions on whether or not to participate. EAP may need to monitor more closely any cases in which a violation of confidentiality occurs and hold specialists responsible for such violations.

EAP may need to upgrade its recordkeeping procedures. Study findings indicated major discrepancies between EAP and employee's classification of primary problems. While some discrepancies can be attributed to disagreements about the nature of the problem or different ways of looking at the same problem, others may have to do with conflicting recordkeeping criteria. It appears that some specialists may categorize employees by the kind of service to which they were referred; others may categorize employees' problems, using psychological concepts.

EAP may need to review criteria for problem categorization and to create a system that meets the wide range of program needs which include data pertinent to requests for external funding, data pertinent to interfacing with the MCPS system, data pertinent to referral activity, and data pertinent to accurate inhouse evaluation of the program.

THE SUPERVISOR STUDY

In this section, the study reports the findings on the effect of EAP intervention upon the work setting. The staff interviewed all 58 supervisors who had referred troubled employees to EAP during the study's two-year time frame. The primary purpose of these interviews was to determine the effect of employee problems upon the work setting as well as the effect of EAP intervention. The data served two other related functions.

Supervisor reports of employee functioning provided a direct view of the effect of problems upon job functioning. The reports were from those who had directly observed the employees' situation on a day-to-day basis. Yet, these reports were not completely objective as the supervisors had been personally involved in the employees' problems. Some supervisors had a detailed knowledge of the problem, the employee's effort to cope, and the problem's impact upon functioning. Others were aware, in a general way, that their employees were undergoing family, financial, or medical difficulties. Yet, all knew these problems seriously disrupted functioning. And, as one supervisor commented, "I have a problem if my employee does."

Supervisor and employee data were compared in terms of the problems' effects upon job functioning. This comparison yielded differences as well as similarities in how each group perceived the situation.

OVERVIEW

Study findings indicate that EAP is working well in reducing the need for supervisors and coworkers to spend time handling employees' problems. Supervisors reported sharp increases in employee work performance and interpersonal relationships after EAP intervention.

- During the problem phase, employee job functioning dropped sharply to below average levels. In fact, supervisors estimated the problem's impact upon functioning to be far more devastating than that perceived by employees. After EAP, supervisors estimated that work functioning returned to above average levels.

- During the problem phase, supervisors estimated they were twice as involved with the troubled employee as compared to the average employee under their supervision. After EAP intervention, supervisors estimated their involvement to be 15 percent less than that of the average employee.

- All supervisors interviewed reported that they would recommend EAP to other employees under their supervision as well as to other supervisors as a referral resource.

- While supervisors found EAP outstanding in its assistance to troubled employees, some wished they could have a working relationship with the program as a means of learning more about problem identification as well as techniques for working with troubled employees.

DISCUSSION OF FINDINGS

CHARACTERISTICS OF THE SUPERVISORS THAT REFER EMPLOYEES TO EAP AND THE KINDS OF PROBLEMS THEY ENCOUNTER

The supervisors spanned a wide range of jobs within the MCPS system. Many were school principals. Others were in charge of large staffs in transportation and maintenance areas. As a group, these supervisors had had long-term working relationships with the employees: 30 percent had supervised the employee for a period of one to two years, 26 percent had supervised the employee for three to four years, and 54 percent for five years or longer--some as long as 8, 10, and 12 years. Table 15 shows a breakdown of the kinds of employee problems supervisors encountered by employee job classification. Problems were categorized according to their origin and relationship to the work setting. By job problems, the study included burnout, inadequate work performance, and friction with coworkers and supervisors. By nonwork problems, the study included marital, emotional, as well as medical and financial. Alcoholic problems were categorized separately because of their ambiguous origins and all encompassing effect upon the employees.

THE EFFECTS OF EMPLOYEE PROBLEMS UPON JOB FUNCTIONING

As a group, supervisors described a uniform pattern of reduced job performance and interpersonal relationships of employees during the problem period. Sharp reductions in functioning occurred no matter what the problem--alcohol, family, medical, or work-related--no matter what the job classification or sex of the employee. These sharp declines in work activity occurred in all areas: work quality and quantity as well as interpersonal relationships with students, coworkers, and supervisors themselves.

Tables 16 and 17 depict supervisor estimates of the extent of decline compared to average workers under their supervision. The tables display three important findings. Before the problem phase, supervisors, as a group, estimated employee work performance and interpersonal relationships to be considerably above the average employee under their superivsion. During the problem phase and before EAP intervention, supervisors estimated that work performance and interpersonal relationships dropped considerably below average levels.[3] And, comparing Tables 16 and 17, the deepest declines occurred in the areas of work quality and quantity. Overall, we are presented with a picture of an above average employee whose functioning declines sharply under the impact of personal and work-related problems.

---

[3] It must be pointed out that this contrasts sharply with the picture painted by the employees studied. They felt that their performance was still above average. Although it is possible that this discrepancy is a function of the different samples being studied, it is more likely that the employees in the throes of their problems had only limited awareness of the problems impact were somewhat biased in their self-reports.

Table 15

Categorization of Employees by Job Classification and Problem Type

	Not Known	Alcohol	Nonwork	Job	
Professional	0 (0%)	5 (9%)	14 (25%)	5 (9%)	24 (43%)
Support	1 (2%)	13 (23%)	14 (25%)	4 (7%)	32 (57%)
	1 (2%)	18 (32%)	28 (50%)	9 (16%)	

N=56 (100%)

Table 16

Supervisor Estimates of Changes in Work Quality and Quantity of EAP Referred Employees at Two Points in Time Compared to Estimates of Average Employee Performance

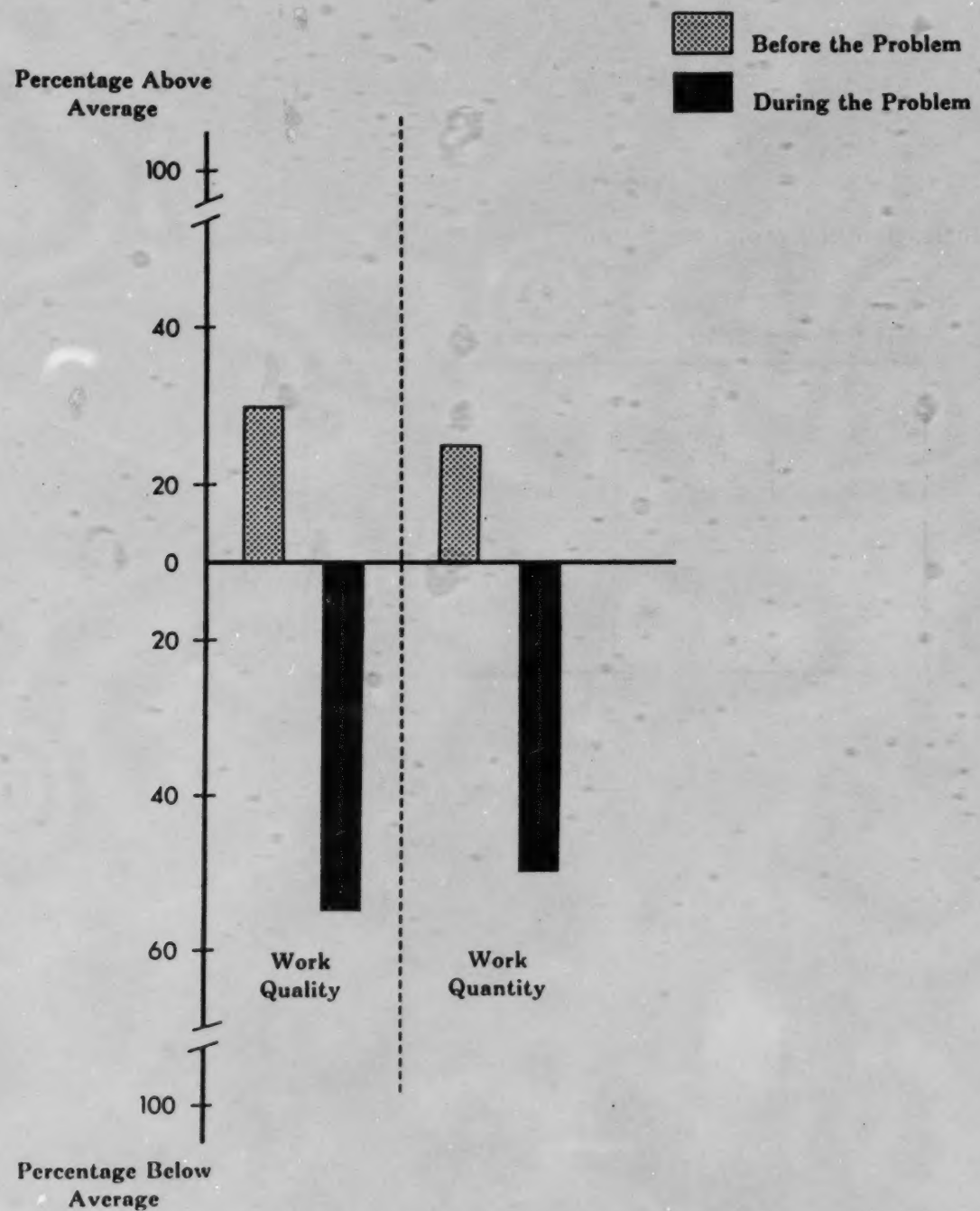
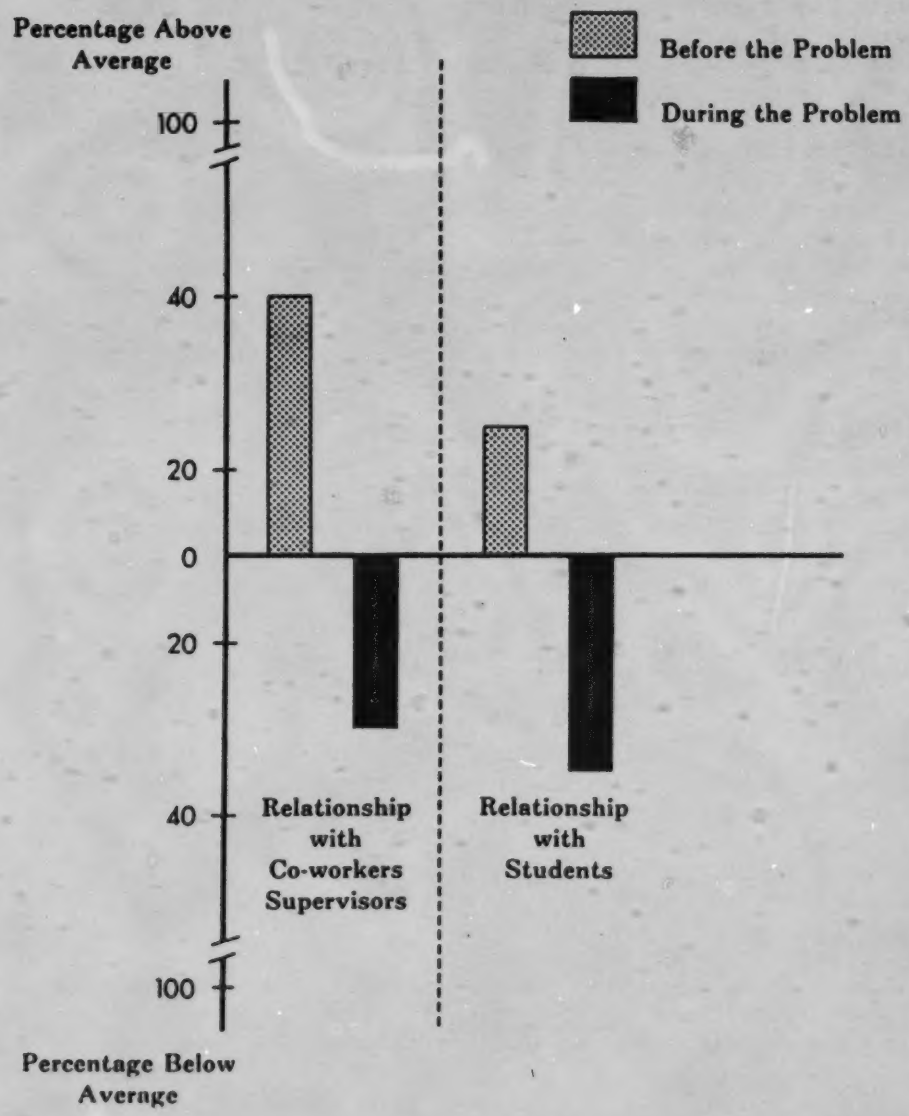


Table 17

Supervisor Estimates of Changes in Interpersonal Relationships of EAP Referred Employees at Two Points in Time compared to Estimates of Average Employee Interpersonal Relationships



Supervisor descriptions of the troubled employee at work presented a detailed picture of employee functioning. Supervisors recurrently commented on increased absenteeism and/or tardiness, insufficient work production, and deteriorated relationships with coworkers and students.

> Interviewer's report: According to the supervisor, the employee had a longstanding drinking problem. The supervisor said, "He had no problem getting to work, but once he was in, his job wasn't getting done." The supervisor would hear from the employee's coworkers, "He would give his crews conflicting orders, they would get confused and then the job wouldn't get done. Schools in which he was working would also call me to report about his behavior and apparent drinking while on the job."

> Interviewer's report: According to the supervisor, the employee had an emotional problem. The supervisor said, "She would become compulsive about a task but never follow-through. She would constantly borrow material from other teachers. She wound up with gobs of stuff in her room but had no idea what to do with it.... A teacher specialist...helped her sort through the materials and showed her how to use it. It took lots of our time."

> Interviewer's report: According to the supervisor, the employee's husband had begun abusing her. She was extremely frightened. "He would call her at work and start harassing her over the phone: I would have to intervene." Coworkers were also involved, lending emotional and work support. "She never broke down in front of the kids; but there were times when she was so distraught she couldn't make it to class and someone would have to fill in."

Some supervisors first became aware of a problem through student and/or parental complaints.

> "When the student's began complaining to me about the teacher's not listening, making them do too much work and doing unfair things, I realized that they were calling out for help. They needed someone to set limits on them and this teacher was incapable of doing that. I knew there were things going on in his personal life...but it seemed as though he needed help within the work context."

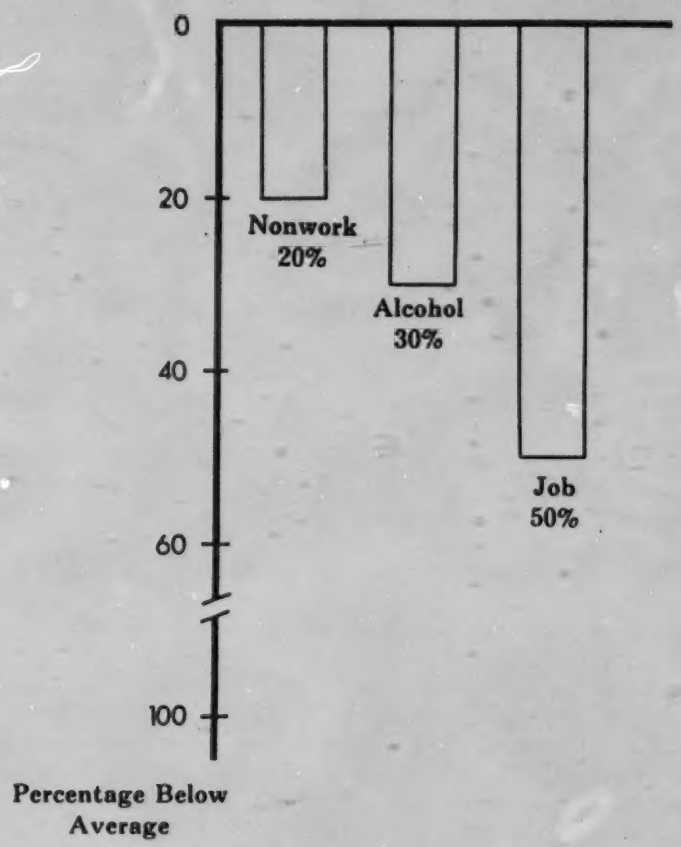
> Interviewer's report: According to the supervisor, the employee developed an alcohol abuse problem. The employee would speak to members of the staff who alerted the supervisor. "Besides, there were noticable problems in his class. Both parents and students came to me complaining about deficient instruction."

Supervisors described a general reduction of employee effectiveness no matter what the source of the problem, be it familial, financial, medical, emotional, alcohol, or job related. However, significant differences in the extent of reduced interpersonal relationships with coworkers and supervisors emerged for employees with different kinds of problems. Table 18 depicts the extent of decline by problem type.

The table shows the sharpest decline occurred for employees with problems originating on the job. Whether the cause was teacher burnout or inadequate job performance, the impact on coworkers and supervisors was more acute. As one principal commented about the developing strain felt by staff, "They began to resent her and felt that she undermined the work with kids."

Table 18

Supervisor Estimates of Extent of Decline in Employee Relationships with Co-Workers-Supervisors During the Problem Phase.



It is important to note the similarities and differences between supervisor and employee descriptions of job functioning before and during the problem as well as after EAP intervention. Direct comparison of supervisor and employee reports were made in the 13 cases where interview code numbers revealed that supervisors described employees who had also been interviewed. Similarities and differences emerged which paralleled trends in the two larger groups of 80 employees and 58 supervisors. Both groups described the quality and quantity of work output and work relationships to be substantially above average prior to the problem.

However, during the problem phase, significant differences emerged. Supervisors estimated far more substantial drops in work performance and relationships than did the employees. According to supervisors, the problem's impact upon functioning was far more devastating than that perceived by employees. Functioning in all areas fell to below average levels. After EAP, both groups estimated that work functioning returned to above average levels.

These comparisons increase the study's confidence in the veracity of employee reports on preproblem levels of functioning as well as EAP's role in restoring employee work functioning.

SUPERVISOR INVOLVEMENT WITH EMPLOYEE PROBLEMS AND THE EFFECTS OF EAP INTERVENTION

After EAP intervention, supervisors reported a sharp decline in the extent of their involvement with the problems of these troubled employees. Supervisors also reported that after EAP intervention, employee job performance and relationships with students, coworkers and supervisors themselves returned to preproblem levels of functioning.

During the troubled phase, supervisors estimated they were twice as involved with the troubled employee as compared to the average employee under their supervision. A supervisor working with an alcoholic employee commented, "I would counsel him, go down on the job with him, even write out work orders for him. Nothing worked. The alcohol abuse was just too strong." Another commented about an employee with emotional problems who, "...called me at 6 a.m. in the morning and at 6 p.m. in the evening sobbing her eyes out." Another commented, "We would conference (sic) regularly and try to work out strategies and alternatives. We arranged for released time. I consulted the family physician. The resource teacher and the assistant principal both met regularly with the employee for teaching help. We also reduced the time demands on her."

After EAP intervention, supervisors estimated that their involvement with these employees dropped to 15 percent below that of the average employee under their supervision. Tables 19 and 20 (pp. 43-44) depict changes in employee functioning after EAP intervention. The tables show that employee work performance returned to preproblem levels as did relationships with students. While interpersonal relationships with coworkers and supervisors have returned to above average functioning, they have not quite met preproblem levels.

Supervisors reported that 21 employees have changed jobs or left the MCPS system shortly after EAP intervention. Table 21 categorizes these employees by their current job classification.

Table 19

Supervisor Estimates of Changes in Work Quality and Quantity of EAP Referred Employees at Three Points in Time Compared to Estimates of Average Employee Performance

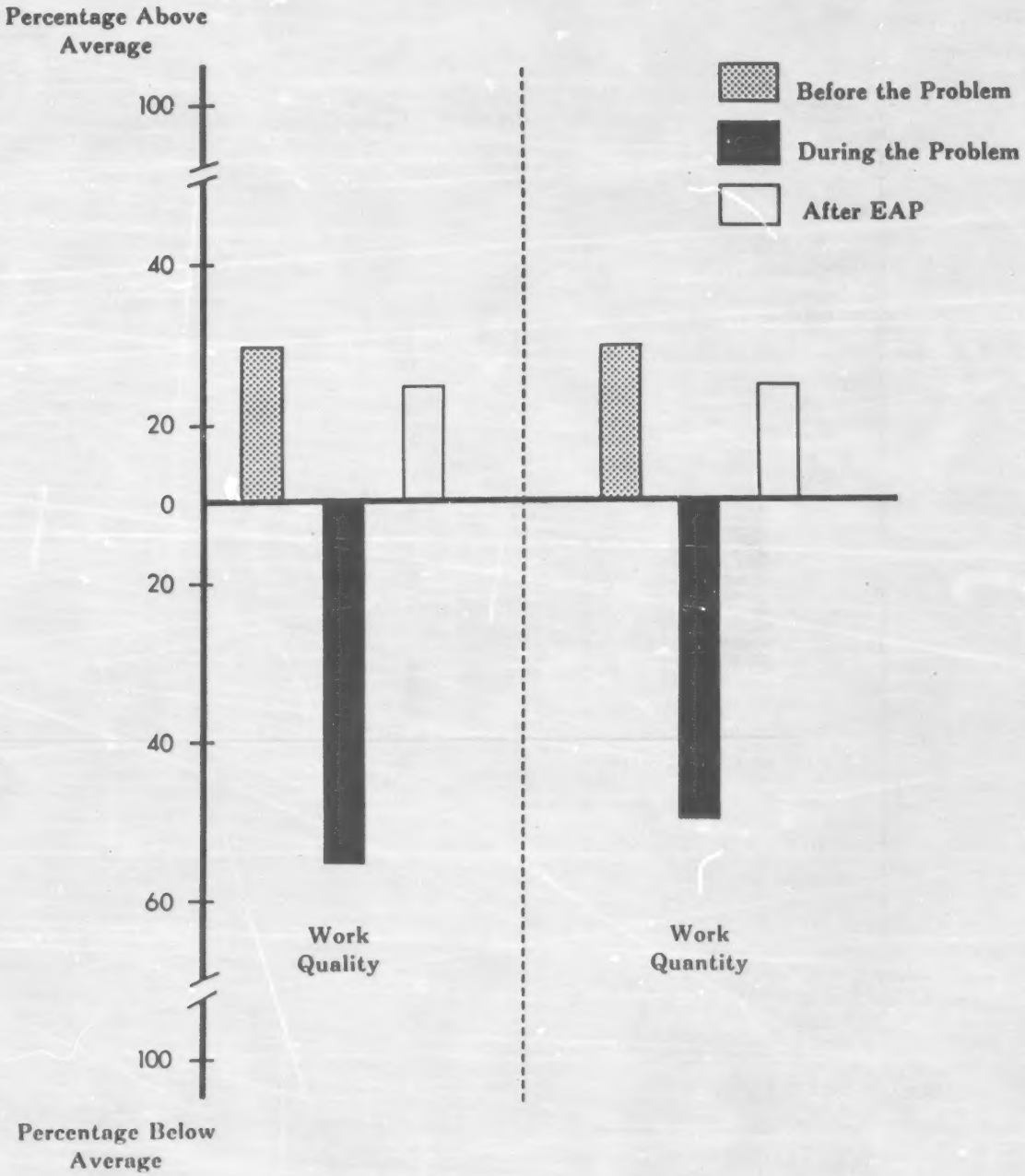


Table 20

Supervisor Estimates of Changes in Interpersonal Relationships of EAP Referred Employees at Three Points in Time Compared to Estimates of Average Employee Interpersonal Relationships

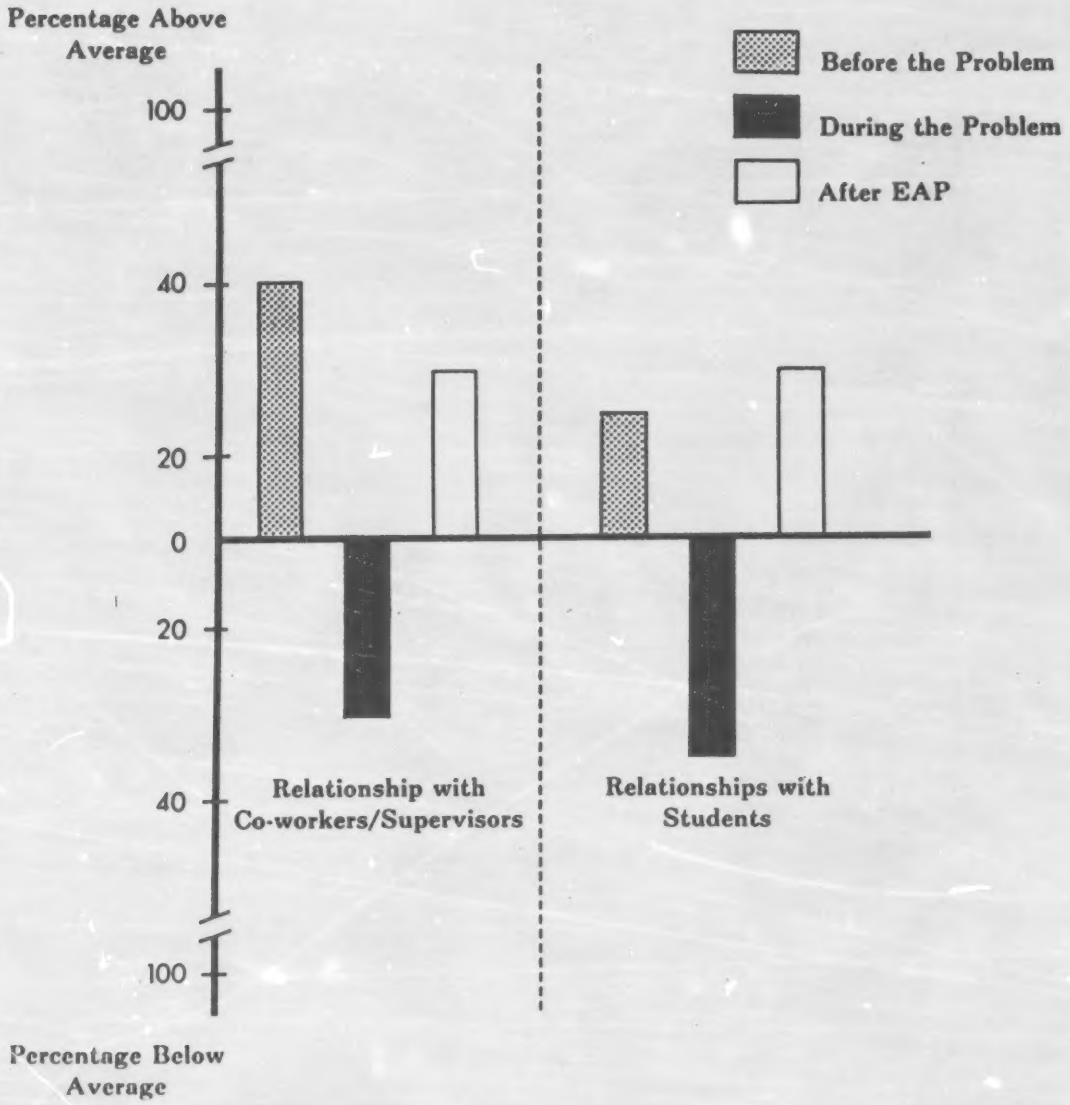


Table 21

Categorization of Supervisor Referred Employee by Current Job

Same Job Classification				
Lateral	Moved Down	Left MCPS	No Change	
7	5	9	37	N=58

Supervisors reported that in 8 of the 12 instances where employees made lateral or downward job moves, EAP had recommended and/or directly assisted in the job change. Supervisors strongly approved of EAP's intervention. As one supervisor commented, "...EAP is willing to look at the school's position as well and to recognize that a change in job position might be in everyone's best interest." Another commented, "I followed through on the suggestion and it seemed to have made a world of difference. It got him out of the mold ... his students are really learning this year." Supervisors characterized most of those who eventually left the MCPS system as having deep and complex problems. EAP seemed to have little and/or temporary effect on these individuals. One commented, "He just couldn't hold on.... Nothing worked.... The alcohol abuse was just too strong."

SUPERVISOR ASSESSMENT OF EAP EFFECTIVENESS

All supervisors interviewed reported that they would recommend EAP to other employees under their supervision as well as to other supervisors as a referral resource. A review of supervisor comments about the program revealed three recurrent themes: First, supervisors saw EAP as a resource to solve problems for which they had neither time nor training; second, EAP was a means to resolve employee problems without taking disciplinary action; third, EAP contributed to the smooth operation of the MCPS system. Some excerpts from supervisor interviews follow:

> I am responsible for 300 employees, and I feel severe time restraints in dealing in depth with any individual.... I can pick out people who are having problems ... but I have neither the time nor the ability to offer specific help.
>
> [There is a limit as to] ... how involved a principal can get and a limit as to how involved an employee wants the principal (to be.)
>
> [EAP] comes in and looks at the total situation, viewing all sides, and they help to make decisions that are best for the employee and the system.
>
> It's an in-house agency--an excellent resource. I have a problem if my employee does.
>
> The system thinks highly enough of its people to provide this sort of support and reassurance.
>
> It's a tragedy when an employee becomes overwhelmed with a problem. We owe it to an employee to become productive. That leads to working more effectively with kids which is what the schools are all about.

Three supervisors, while very positive about EAP's effectiveness, would have liked the program to work even more closely by disseminating more information on problem identification and increasing program feedback. Here are the comments of two whose employees were alcoholics: "There should be more communication between EAP and the schools so that we know what's working and what isn't." From interviewer notes: "The supervisor recommended that EAP consider a team approach to problem-solving. He believes that a group of different kinds of specialists would provide a more comprehensive treatment process for assisting troubled MCPS personnel." Here is the view of a supervisor whose employee was undergoing serious marital problems: From interviewer notes: "The supervisor believes that EAP should focus on

additional outreach and information materials which would assist first line managers in assessing how EAP could assist them as supervisors. Of course, there clearly is some conflict between increased cooperation and feedback, and maintenance of confidentiality."

Finally, a comment by a fourth supervisor suggested the extent of supervisor sensitivity regarding the problems their employees encounter. At one point, the supervisor had made several concurrent referrals, to which an EAP specialist may have jokingly replied, "Gee, something must be wrong with your school." The supervisor found this statement very disconcerting.

RECOMMENDATION FOR IMPROVING EAP SERVICES TO SUPERVISORS

In reviewing the program recommendation which follows, it is important to stress that EAP is working very well in reducing supervisor and coworker involvement in the problems of troubled employees. The program is valid in filling its supervisory mandate. This recommendation is intended to strengthen present practices.

EAP may need to increase its training and working relationship with supervisors. While supervisors found EAP to be outstanding in its assistance to troubled employees, some invited a closer working relationship with the program as a means of learning more about problem identification as well as techniques for working with troubled employees. Perhaps EAP should consider increasing communication with these and other supervisors within the limitation of program confidentiality.

321p

Appendix A

Data Collector Training

All data collectors who participated in the project had had prior interviewing experience. Many had had extensive experience in interviewing and other forms of data collection. Each data collector was given and asked to review a copy of the study proposal so that s/he might better understand the broader context of the particular questions to be administered. In an initial three hour training session, the instruments were reviewed, pertinent questions discussed and the interviews were administered in a mock interview. Subsequently, the principal investigator participated with the data collectors in his/her first two employee or supervisor interviews. In the first, the principal investigator would administer the interview to the employee with the data collector listening in. In the second, the data collector would administer the interview with the principal investigator listening in. At the end of each session, data would be reviewed, interviewing strategies reviewed, and questions discussed. Finally, all data collectors were encouraged to make notes of problems and ambiguities as they were encountered in the interviews and to discuss these questions with the principal investigator. Communication between principal investigator and data collectors in the early stage of the study ensured a high level of reliability in coding and reporting the data.

Appendix B

EMPLOYEE ASSISTANCE PROGRAM STUDY

SUPERVISOR INTERVIEW

Card 1
BEGIN CARD 1
COLUMN 1 = 1

INTERVIEWER _____

EAP ASSIGNED INTERVIEW NUMBER ___ ___ ___
3 4 5

SEX OF SUPERVISOR

1. Male
2. Female

___
7

DATE OF INTERVIEW ___ ___ ___ ___
9 10 11 12

TIME BEGINNING _____(am/pm)

TIME ENDING _____(am/pm)

Hello, _____ (name of supervisor), this is _____ from the Department of Educational Accountability. I have been asked to interview you for the Employee Assistance Program study. Is this still a convenient time?

(IF NO), when may we arrange another time?

(RECORD APPOINTED TIME AND END THE CONVERSATION.)

(IF YES), let me begin with a brief description of the study.

The Employee Assistance Program of MCPS has commissioned the Department of Educational Accountability to study its services. A major purpose of the study is to find out how effectively EAP has enabled troubled employees to function better on the job. We are interviewing some of the employees who have used EAP as well as supervisors who have referred employees to the program. The interviews are entirely confidential. Of course, your participation is voluntary. If you think any of the questions infringe on your privacy, please tell me and I will skip that question. Also, we don't know the name of the employee you referred; we ask that you not tell us the name. Your answers and those of other supervisors will be analyzed; the results will be presented in a report to the Board. A copy of the report will be available at the EAP office at the end of January.

We are interested in getting a picture of the situation that led you to refer this particular employee to the program. There are also some questions concerning whether or not you thought the program was effective.

Any questions?

CARD 1

1. Is the employee male or female?

14

1. Male
2. Female

2. What was the employee's job classification at the time of referral?

1. Administrative
2. Professional
3. Support Staff
4. Other _____

3. If the employee has changed jobs since then, what is the new classification?

18

1. Administrative
2. Professional
3. Support Staff
4. No change, but internal upward move
5. No change, but internal downward move
6. No change, but internal lateral move
7. No change at all
8. No longer with MCPS

4. Are you presently the employee's supervisor? ___ 20

1. Yes
2. No

(IF ANSWER TO Q.4 IS NO, ASK Q.5. IF YES, GO TO Q.6.)

CARD 1

5. How many months has it been since you were his/her supervisor? ___ ___ 22 23

6. For how many months have/had you been the employee's supervisor? ___ ___ ___ 25 26 27

7. How many months ago did you refer the employee to EAP? ___ ___ 29 30

These next questions cover the time period from when you began to see the employee was having serious problems to the time you made the referral.

8. First, what was happening at work that made you realize there was a problem and what was the problem?

9. Did you try to do anything to solve the work problem? ____

1. Yes
2. No

(PROBE FOR AMOUNT OF EXTRA TIME AND ACTIVITIES AND KINDS OF ACTIVITIES SUPERVISOR ENGAGED IN TO HANDLE PROBLEM.)

If yes, what? _____

10. Were co-workers of the employee involved with the problem during this period? ____

1. Yes
2. No

(PROBE FOR AMOUNT OF EXTRA TIME AND KINDS OF ACTIVITIES CO-WORKERS ENGAGED IN TO HANDLE THE PROBLEM.)

If yes/no, in what way? _____

11. What were the two most important job performance problems of the employee before s/he used EAP?

First _____

Second _____

12. What happened that finally caused you to refer the employee to EAP?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

13. What reason did you give the employee for referring him/her to EAP?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CARD 1

Now, I will ask you some questions about how s/he was doing at work before s/he entered EAP and currently. These questions concern job performance and job relations.

As you well know, people work differently even though they may have the same job. Some are average or poor, others are excellent. Using numbers, I will ask you to estimate the employee's job performance compared to the average worker you supervise with the same or similar job. For example, let's say the quality of the average worker's output is equal to 100 while the quality of another person's work is twice that amount. So, the second person's work is equal to 200. In other words, your estimates are proportional to the average worker at 100. But, you can use any number for the estimate. The better the quality, the bigger the number; the lower the quality, the lower the number. If no quality at all, the answer is zero.

(IF ESTIMATE IS GREATER THAN 9998 OR GREATER, CODE AS 9998.)

(IF NO LONGER EMPLOYED BY MCPS OR NO LONGER WORKED UNDER SUPERVISOR AFTER EAP, CODE "C" SECTION OF EACH QUESTION AS 9999. RECORD DETAILS UNBER Q. 21. ALSO, CODE QUESTIONS 21 THROUGH 23 AS 9999.)

(IF SUPERVISOR NEVER KNEW EMPLOYEE TO BE WITHOUT PROBLEM(S), CODE "A" SECTION OF EACH QUESTION AS 9999.)

14a. How would you rate the quality of work the employee produced before there was a problem compared to the average worker ?

____ ____ ____ ____
32 33 34 35

(CONFIRM THE RESPONSE. FOR EXAMPLE, IF THE ANSWER IS 200, SAY, "YOU MEAN THE EMPLOYEE NORMALLY DOES TWO TIMES BETTER QUALITY WORK THAN THE AVERAGE WORKER YOU KNOW.")

14b. Did that rate change during the problem period, before you referred him/her to EAP?

____ ____ ____ ____
37 38 39 40

(IF YES, ASK:) What did that rate change to?

(IF NO, ENTER RESPONSE ABOVE)

14c. Currently, what is the rate?

____ ____ ____ ____
42 43 44 45

15a. How would you rate the quantity of work the employee produced before there was a problem, compared to the average worker?

____ ____ ____ ____
47 48 49 50

CARD 1

15b. Did that rate change during the problem period, before you referred him/her to EAP?

52 53 54 55

(IF YES, ASK:) What did that rate change to?

(IF NO, ENTER RESPONSE ABOVE)

15c. Currently, what is the rate?

57 58 59 60

16a. How would you rate <u>how well the employee got along with any staff</u> including you when there were no problems and compared to the average worker?

62 63 64 65

16b. Did that rate change during the problem period, before you referred him/her to EAP?

67 68 69 70

(IF YES, ASK:) What did that rate change to?

(IF NO, ENTER RESPONSE ABOVE)

16c. Currently, what is the rate?

72 73 74 75

(ASK IF EMPLOYEE WORKS WITH STUDENTS, IF NOT CODE 17 AS 9999.)

17a. How would you rate how well s/he got along with students when things were okay and compared to the average worker?

77 78 79 80

CARD II

BEGIN CARD 2
COLUMN 1=2
DUPLICATE
COLUMNS 3-7

17b. Did that rate change during the problem period, before you referred him/her to EAP? ___ ___ ___ ___ (9 10 11 12)

(IF YES, ASK:) What did that rate change to?

(IF NO, ENTER RESPONSE ABOVE)

17c. Currently, what is the rate? ___ ___ ___ ___ (14 15 16 17)

(READ)

Now, the following questions concern <u>your</u> involvement with the employee and his/her problem.

18a. How would you rate the amount of time you spent dealing with his/her problems before EAP, compared to the average worker? ___ ___ ___ ___ (19 20 21 22)

18b. How would you rate the amount of time you <u>currently</u> spend dealing with his/her problems? ___ ___ ___ ___ (24 25 26 27)

(NOTE FOR QS 19A AND 20A: STATE EACH DEFICIENCY AS NEUTRAL DESCRIPTOR. FOR EXAMPLE, ALWAYS LATE TO WORK, ARGUMENTATIVE WITH CO-WORKERS AND SLOPPY WORK HABITS SHOULD READ AS PROMPTNESS, CO OPERATION WITH CO-WORKERS AND WORK QUALITY. WRITE IN YOUR REPHRASINGS IN SPACES PROVIDED. THE HIGHER THE NUMBER, THE GRFATER THE JOB FUNCTIONING. IF A SUPERVISOR RATES AN EMPLOYEE'S PROMPTNESS FOR 21A AT 200, CONFIRM THE RESPONSE BY SAYING, "YOU MEAN SHE/HE WAS TWICE AS PROMPT AS THE AVERAGE EMPLOYEE BEFORE THE PROBLEM?)

WRITE IN NEW TERMS FOR Qs 19 and 20.

You mentioned two job deficiencies before she/he used EAP:
(1) _____, and (2) _____.

CARD II

19a. Before the problem, how would you rate (1) _____ as compared to the average? ___ ___ ___ ___ (29 30 31 32)

19b. And, when she/he was having problems and before EAP? ___ ___ ___ ___ (34 35 36 37)

19c. And, currently? ___ ___ ___ ___ (39 40 41 42)

20a. Before the problem, how would you rate (2) _____ as compared to the average? ___ ___ ___ ___ (44 45 46 47)

20b. And, when she/he was having a problem and before EAP? ___ ___ ___ ___ (49 50 51 52)

20c. And, currently? ___ ___ ___ ___ (54 55 56 57)

21. Since EAP, has the employee's problem continued to interfere with work performance? ___

1. Yes
2. No

How would you describe the situation? _____

22. Are you still involved in solving these problems? ____

1. Yes
2. No

(IF RELEVANT, PROBE FOR AMOUNT OF EXTRA TIME AND KINDS OF ACTIVITIES ENGAGED IN.)

What is the situation currently? _____

23. Are other co-workers involved with the problem? ____

1. Yes
2. No

What is the situation currently? _____

CARD II

24. Would you recommend EAP as a referral resource to other employees under your supervision?

59

1. Yes
2. No

If yes, why?/If not, why?

_____

_____

_____

_____

25. Would you recommend EAP as a referral resource to other supervisors?

61

1. Yes
2. No

If Yes, why?/If no, why?

_____

_____

_____

_____

26. Do you have any additional comments you wish to add on any topic we covered or on any other topic?

6697A

Appendix C

EMPLOYEE ASSISTANCE PROGRAM STUDY

EMPLOYEE INTERVIEW

BEGIN CARD 1
COLUMN 1 = 1

INTERVIEWER _____

EAP ASSIGNED INTERVIEW NUMBER _____ 3 4 5

SEX OF EMPLOYEE 7

1. MALE
2. FEMALE

DATE OF INTERVIEW 9 10 11 12

TIME BEGINNING _____ (am/pm)

TIME ENDING _____ (am/pm)

Thank you for calling. We appreciate your agreeing to be interviewed. EAP has commissioned the Department of Educational Accountability to study its services. The purpose is to find out how effectively the program meets employee needs. We are interviewing employees who have used EAP. We are interested in finding out how effectively EAP meets the great variety of employees individual needs. That is why you have been given an interview number--we are trying to interview the correct mix of males and females, job types and needs. Your answers will be grouped with others who are participating. And, after all the answers are analyzed the results will be presented in a report to the Board of Education. A copy of the report will be available at the EAP office at the end of January. Of course, your comments are confidential. If you feel any question violates your privacy, please tell me and I will skip it and go on. We don't know who you are. Please don't tell us.

Any questions?

The interview covers three time periods: 1) The time just before going to EAP 2) The time period during which you used EAP services and 3) Currently.

Let me begin with some background questions:

1. What was your age at the time you first used EAP? ___ ___ (14 15)

2. At that time, what was your job classification: ___ (17)

   1. Administrative
   2. Professional
   3. Support Staff
   4. Other _____

(IF EMPLOYEE UNSURE, ASK IF JOB CLASSIFICATION NUMBER IS 999 OR LESS (ADMINISTRATIVE), 1000 TO 4999 (PROFESSIONAL) OR 5000 OR MORE (SUPPORT STAFF). PLEASE CODE ACCORDINGLY. IF STILL UNSURE, CODE AS 4 AND RECORD JOB TITLE UNDER OTHER.)

3. Have you changed jobs since then? (If yes, ask):

   What is your current classification? ___ (19)

   1. Administrative
   2. Professional
   3. Support Staff
   4. No change, but internal upward move
   5. No change, but internal downward move
   6. No change, but interval lateral shift
   7. No change at all
   8. No longer with MCPS

   Do you work with or spend any time with students as part of your job?

   (IF NO, CODE 4 00--IF YES, ASK 4.)

4. On the average, how many hours do you spend with students each day? ___ ___ (21 22)

CARD 1

5. How many meetings did you have with an EAP specialist? ___ ___ (24 25)

6. Over how many months did these visits take place? ___ ___ (27 28)

7. Who referred you to EAP? ___ (30)

(READ THE LIST):

1. Supervisor
2. Self or self through other
3. Family member
4. Medical
5. Union
6. Literature (brochure, poster, etc.)
7. Other _____

(IF MORE THAN ONE SOURCE, ASK WHICH MOST RESPONSIBLE)

8. Which of the following areas were identified as a problem?

(READ THE LIST. CODE EACH AS):

1=THIS WAS A PROBLEM
0=THIS WAS NOT A PROBLEM

1. Alcohol abuse or alcoholism (of the employee) ___ (32)

2. Alcohol and/or other drug abuse problem (of the employee) ___ (34)

3. Alcohol or drug abuse problem in the family ___ (36)

4. Family: spouse, dependent, kin, etc. with problems such as aging, marital/couple, etc. ___ (38)

5. Emotional ___ (40)

6. Financial ___ (42)

7. Medical ___ (44)

8. Job related problem such as stress or friction on the job, burn out, possible RIF, job insecurity, etc. ___ (46)

CARD 1

9. You mentioned (LIST THOSE IDENTIFIED AS A PROBLEM UNDER Q. 8): Which of these was the most significant problem? (CODE Q. 9 WITH NUMBER OF PROBLEM SEEN AS MOST SIGNIFICANT) 48

1. Alcohol abuse or alcoholism (of the employee)

2. Alcohol and/or other drug abuse problem (of the employee)

3. Alcohol or drug abuse problem in the family

4. Family: spouse, dependent, kin, etc. with problems such as aging, marital/ couple, etc.

5. Emotional

6. Financial

7. Medical

8. Job related problem such as stress or friction on the job, burn out, possible RIF, job insecurity etc.

10. What was happening in your life that lead you to use EAP?

11. How did the problem change the way things were going at work? For example, how did you feel about the people you worked with at that time?

(PROBE FOR CO-WORKERS' AWARENESS OF THE PROBLEM AND EXRA TIME AND ACTIVITIES THEY ENGAGED IN RELATED TO THE PROBLEM.)

12. How did the problem change your relationship with your supervisor?

(PROBE FOR SUPERVISOR'S AWARENESS OF THE PROBLEM AND EXTRA TIME AND ACTIVITIES S/HE ENGAGED IN RELATED TO THE PROBLEM.)

13. How did the problem change your relationship with students?

(PROBE FOR CHANGES IN RELATIONSHIPS IN CLASSROOM. DID EMPLOYEE BECOME A LESS EFFECTIVE TEACHER, LOSE CLASSROOM CONTROL?)

I also have some questions about how things were going outside of work during this period. First, are you married or living with a mate? Do you have children? (ASK FOLLOWING IF APPLICABLE):

14. During this period, how was the relationship with your mate affected by the problem?

(PROBE FOR INCREASED ARGUMENTS, AWARENESS OR INVOLVEMENT WITH THE PROBLEM)

15. Was there a change in the relationship with your children?

(PROBES: DID THEY KNOW ABOUT THE PROBLEM, HOW DID THEY REACT?)

15. Did your relationship with friends change during this time?

(PROBES: DID THEY KNOW ABOUT THE PROBLEM, HOW DID THEY REACT)

Now I'd like to ask you similar questions in a different way. This time, I'll ask you to describe the situation in terms of numbers. Here's what I mean for questions about work.

(EMPHASIZE UNDERLINED WORDS.)

As you well know, people work differently even though they may have the same job. Some do excellent work, some average, and some poor. Using numbers, I will ask you to estimate your job performance compared to people you work with in the same or similar job. For our purposes, we'll say the average workers job performance is equal to 100. So, for example, let's take the quality of work produced. Let's say the average worker's output is rated at 100 while the quality of another person's work could be two times that or 200. So, the better the quality, the bigger the number--there is no limit. The lower the quality, the lower the number. If no quality, then the answer is zero. You can use any number you think is right compared to the average at 100.

Each of these questions has three parts. The first relates to work as it usually went before the _____ problem. The second part of the question has to do with work when you had the _____ problem but before you used EAP. An the third relates to things as they are going now. Okay?

(ESTIMATES OF 9998 OR GREATER, CODE 9998. CODE NON-RESPONSES AS 9999.)

17a. How would you rate the quality of your work when things were okay compared to the average worker?

50	51	52	53

(CONFIRM THE RESPONSE. FOR EXAMPLE, IF THE ANSWER IS 300, SAY, "YOU MEAN YOU DO THREE TIME BETTER WORK THAN THE AVERAGE WORKER YOU KNOW.")

17b. Did that rate change when you were having problems and before EAP?

55	56	57	58

(IF YES, ASK): What was the new rate?
(IF NO, ENTER ABOVE ESTIMATE)

17c. Currently, what is the rate?

60	61	62	63

18a. How would you rate the amount of work you produced when things were okay, compared to the average?

65	66	67	68

18b. Did that rate change when you were having problems and before EAP?

70	71	72	73

(IF YES, ASK): What was the new rate?
(IF NO, ENTER ABOVE ESTIMATE)

CARD 2

18c. Currently, what is the rate?

75	76	77	78

BEGIN CARD 2
COLUMN 1 = 2

DUPLICATE
COLUMNS 3-7

19a. How would you rate <u>how frequently you took</u> alcohol or pills to reduce tension when things were okay?

9	10	11	12

19b. Did that rate change during the problem time and before EAP?

14	15	16	17

(IF YES, ASK): What was the new rate?
(IF NO, ENTER ABOVE ESTIMATE)

19c. Currently what is the rate?

19	20	21	22

20a. How would you rate how well you got along with co-workers when things were okay?

24	25	26	27

20b. Did that rate change at the problem time and before EAP?

29	30	31	32

(IF YES, ASK): What was the new rate?
(IF NO, ENTER ABOVE ESTIMATE)

20c. Currently, what is the rate?

34	35	36	37

21a. How would you rate how well you got along <u>with your supervisor</u> when things were okay?

39	40	41	42

21b. Did that rate change when you were having problems and before EAP?

44	45	46	47

(IF YES, ASK): What was the new rate?
(IF NO, ENTER ABOVE ESTIMATE)

21c. Currently, what is the rate?

49 50 51 52

SEE Q. 4, IF ANSWER IS 0, CODE 22a-c. 9999

22a. How would you rate <u>how well you got along with students</u> compared to the average?

54 55 56 57

22b. Did that rate change at the problem time and before you went to EAP?

59 60 61 62

(IF YES, ASK): What was the new rate?
(IF NO, ENTER ABOVE ESTIMATE)

22c. Currently, what is the rate?

64 65 66 67

Now, I will ask you some questions about how things were going outside of work. For example, (IF APPROPRIATE) let's take the quality of the relationship with your friends compared to the people you know. Say, the <u>quality of the average person's friendships</u> is equal to 100 while the quality of another person's could be twice that or 200. The better the quality, the bigger the number: the lower the quality, the lower the number. <u>Again, you can use any number</u>.

(IF Qs NOT APPLICABLE, CODE 9999.)

23a. How would you rate the <u>quality of the relationship with your mate</u> when things were okay and compared to the average couple?

69 70 71 72

23b. Did the rate change when you were having problems and before you went to EAP?

74 75 76 77

(IF YES, ASK): What was the new rate?
(IF NO, ENTER ABOVE ESTIMATE)

BEGIN CARD 3
COLUMN 1=3
DUPLICATE
COLUMNS 3-7

CARD 3

23c. Currently, what is the rate? ___ ___ ___ ___
8 9 10 11

24a. How would you rate the quality of the relationship with your children when things were okay? ___ ___ ___ ___
13 14 15 16

24b. Did that rate change when you were having problems and before you went to EAP? ___ ___ ___ ___
18 19 20 21

(IF YES, ASK): What was the new rate?
(IF NO, ENTER ABOVE ESTIMATE)

24c. Currently, what is the rate? ___ ___ ___ ___
23 24 25 26

25a. How would you rate the quality of your relationships with friends when things were okay? ___ ___ ___ ___
28 29 30 31

25b. Did the rate change at the problem time and before EAP? ___ ___ ___ ___
33 34 35 36

(IF YES, ASK): What was the new rate?
(IF NO, ENTER ABOVE ESTIMATE)

25c. Currently, what is the rate? ___ ___ ___ ___
38 39 40 41

CARD III

26a. How would you rate the quality of your life in general compared to the average?

43 44 45 46

26b. Did the rate change at the problem time and before EAP?

48 49 50 51

(IF YES, ASK): What was the new rate?
(IF NO, ENTER ABOVE ESTIMATE)

26c. Currently what is the rate?

53 54 55 56

Now, I have some questions about your experience with EAP.

27. How did you make your first contact with EAP? Did you:

58

(READ LIST):

1. Call
2. Walk in
3. Come in with/through someone else
4. Receive a call from an EAP specialist
5. Other _____

(IF FIRST CONTACT BY PHONE, ASK Q. 28-30
OTHERWISE GO TO Q. 31.)

28. Who was that phone contact?

60

(READ LIST):

1. Taped message
2. EAP Specialist
3. EAP Secretary
4. Does not remember

Would you have preferred someone/something other than (Taped message/Specialist/Secretary)? 62

1. Yes
2. No

Why?

_____

_____

_____

(IF FIRST CONTACT BY TAPE, ASK):

29. Did you: (READ THE LIST): 64

1. Leave a message
2. Call back later
3. Does not remember

(IF LEFT A MESSAGE, ASK):

30. Were you called back promptly by EAP? 66

1. Yes
2. No
3. Does not remember

31. How many months has it been since you've used EAP? 68 69

(CODE 00 IF STILL USING EAP. IF 31 IS SEVEN MONTHS OR GREATER, ASK 32 AND 33. IF LESS, GO TO 34).

32. Were you contacted by the EAP Specialist for routine follow-up services? 71

1. Yes
2. No

33. Was it useful?

73

1. Yes
2. No

If yes, how was it useful?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

These next questions have to do with how satisfied you are/were with EAP services. In answering the questions, I will ask you to compare different qualities of the EAP service to the average professional person like a doctor or dentist you've used. I'd like you to use the same scale as before comparing the competence of the EAP Specialist to that of the professional's competence. Again, we'll give the average professional 100. The higher the number, the greater the competence of the EAP Specialist. The lower the number, the less the competence. Zero means no competence. Remember, you can use any number you want compared to the average of 100.

BEGIN CARD 4
COLUMN 1=4
REPEAT COLUMNS
3 - 7

34. What rating would you give to the:

(READ ONE AT A TIME):

a. Competence of the EAP Specialist ____ 9

b. Specialist's willingness to help ____ 14

c. Respectful attitude of the Specialist ____ 19

d. Trustworthiness of the Specialist ____ 24

e. Specialist's promptness at appointments ____ 29

35. Did the EAP Specialist contact other school personnel, professionals from other services or any others on your behalf on matters related to the _____ problem? ____ 34

1. Yes
2. No

(IF YES, ASK: 36)

36. Did you authorize the specialist to make the contact? ____ 35

1. Yes
2. No

IF YES, ASK: 37
IF NO, ASK: 38a

CARD IV

37. How did you authorize the contact? ___ 37

(READ THIS LIST:)

1. In conversation
2. Signed a release form
3. Other _____

38a. Did you receive assurances from the EAP specialist that your participation in the program and anything you said would be held as confidential? ___ 38

1. Yes
2. No

38b. In what way was confidentiality important in your decision to use EAP?

_____

_____

_____

39. To your knowledge, was confidentiality honored? ___ 40

1. Yes
2. No (ASK 40 AND 41.)

40. How did you find out? ___ 42

(READ LIST.)

1. Told by specialist
2. Told by supervisor
3. Told by co-worker
4. Other _____

CARD IV

41. How did that affect your attitude toward EAP?

_____

_____

_____

_____

_____

(SEE ANSWER TO Q. 5 BEFORE ASKING Q. 42.)

42. You say you visited the EAP Specialist _____ times. On how many of those visits did you learn something, either in discussion or pamphlet, that was useful in dealing with the problem?

___ ___
44 45

(QS 43 THRU 49, IF RESPONDENT ANSWERS YES TO PRIOR Q., GO TO NEXT. IF RESPONDENT IS ANSWERS NO TO A QUESTION, SKIP TO 50.)

43. Did the Specialist refer you to any service in the community related to the problem?

___
47

1. Yes
2. No
3. Not applicable

44. Did you call the referred service?

___
49

1. Yes
2. No

If not, why? _____

_____

_____

_____

CARD IV

45. Did you use the referred service? ___ 51

1. Yes
2. No

If not, why? _____

_____

_____

_____

_____

46. How many months has it been since you used the service? ___ ___ 53 54

(IF CURRENTLY USING THE SERVICE, CODE 00.)

47. Assuming the average quality of any service is equal to 100, how would you rate the quality of the referred service? ___ ___ ___ ___ 56 57 58 59

48. Did the service help you with _____ problem? ___ 61

1. Yes
2. No

49. If yes, how? If no, why? _____

_____

_____

_____

_____

CARD IV

50. During the period you were meeting with the EAP specialist, I would like to ask you if there was any change in the problem? Let's say that before you went to EAP, the problem was equal to about 100. By how much would you say the problem increased or decreased by the time you stopped seeing the EAP Specialist?

63 64 65 66

51. What rate do you think the problem would have increased or decreased to had you not used EAP?

68 69 70 71

52. How was EAP useful, if at all, during this time?

BEGIN CARD 5
COLUMN 1=5
DUPLICATE
COLUMNS 3-7

53. I will read a list of EAP services. Tell me whether or not they were useful.

(READ THE LIST ONE AT A TIME. CODE EACH AS):

1. THIS WAS USEFUL
0. THIS WAS NOT USEFUL

1. Talking to the Specialist. ___ 9

2. Specialist's emotional support. ___ 11

3. Learning new information about the problem. ___ 13

4. Cutting red tape. ___ 15

5. Using referred service. ___ 17

6. Other _____ ___ 19

(READ THOSE LISTED AS USEFUL)

54. Which service was most useful? ___ ___ 21 22

(IF TWO MENTIONED, ENTER BOTH):

Why? _____

_____ _____

_____

_____

55. Currently, how are things going at work with co-workers?

56. Currently, how are things going with your supervisor?

57. Currently, how are things going with students?

58. Currently, how are things going with your mate?

CARD V

59. Currently, how are things going with your children?

60. Currently, how are things going with your friends?

CARD V

61. Have there been other changes that occurred as a result of EAP assistance?

24

1. Yes
2. No

If Yes, what were they? _____

62. Is there anything that happened as a result of using EAP that was unexpected or surprising?

26

1. Yes
2. No

If yes, what was it? _____

CARD V

63. Would you recommend EAP to a friend? ____ 28

1. Yes
2. No

If yes/no, what reason would you give them? _____

64. Do you have any other comments or observations you'd like to add?

Thank you for your time. We really appreciate your willingness to assist the EAP in this evaluation study.

6695A